

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

1624

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>43 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>627 WEST-70<sup>TH</sup> STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>COLONEL Glenn</u>	a. (First)	b. (Middle)	c. (Last) <u>ROWAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 4-1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE-7-1892</u>	9. AGE (In years last birthday) <u>57 YEARS</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER &amp; OWNER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DIAMOND TRUCK</u>	11. BIRTHPLACE (State or foreign country) <u>ELDORADO, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES ROWAN</u>	13b. MOTHER'S MAIDEN NAME <u>M. E. WILEY</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. DELPHINE ROWAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. DELPHINE ROWAN</u>	ADDRESS <u>627 W. 70<sup>TH</sup> ST. KANSAS CITY, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral edema due to numerous cortical cysts some of which had hemorrhaged</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>hemorrhaged</u>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1950, to Apr. 4, 1950, that I last saw the deceased alive on Apr. 3, 1950, and that death occurred at 2:33 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. R. Black</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>924 Prof. Bldg., K.C., Mo.</u>	23c. DATE SIGNED <u>4/4/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR. 6-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>4-6-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u>	ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6-21

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Bernard L. Horan*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4250*

P. O. Address: *H.C. Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.