

NOV 26 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39050

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 186 PRIMARY REG. DIST. NO. 3026 Registrar's No. 480

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Independence**

c. LENGTH OF STAY (in this place) **5 1/2**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Indep. San. & Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)

a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Independence**

d. STREET ADDRESS (If rural, give location) **10819 Winger Road**

3. NAME OF DECEASED

a. (First) **MR. EARL** b. (Middle) **MILLER** c. (Last) **ROWLAND**

(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) **Nov. 1, 1952**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Sept. 19, 1888**

9. AGE (In years last birthday) **64**

If under 1 year: Months \_\_\_\_\_ Days \_\_\_\_\_

If under 6 hrs. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Carpenter & Millwright**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Wichita, Kansas**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **David Rowland**

13b. MOTHER'S MAIDEN NAME **Nannie Jennings**

14. NAME OF HUSBAND OR WIFE **Mrs Stella Rowland**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **702-16-5798**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **John N. Crawford Indep. Mo.**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Subacute Embolus**

ANTECEDENT CAUSES **Detached Blood clot**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) **E 8104 26**

II. OTHER SIGNIFICANT CONDITIONS **Fracture 1st Lumbar Vertebra**

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, on highway, sea)

21c. (CITY, TOWN, OR TOWNSHIP) **Independence** (COUNTY) **Jackson** (STATE) **Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **10-23-52 6:20 PM**

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR **Car Collision**

22. I, hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Richard J. Queen Curator**

23b. ADDRESS **1034 Pindar Blvd**

23c. DATE SIGNED **11-3-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Nov. 3, 1952**

24c. NAME OF CEMETERY OR CREMATORY **Mt. Moriah**

24d. LOCATION (City, town, or county) (State) **Kansas City, Mo.**

DATE REC'D BY LOCAL REG. **Nov 2-52**

REGISTRAR'S SIGNATURE **James [Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Otto Mitchell Indep. Mo.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0485

JAN 24 1953

JAN 5 1953

AUG 20 1956

DEC 9 1952

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independ. Mo.

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.