

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JAN 19 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44460
Do not use this space.

1. PLACE OF DEATH

(a) County Linn
(b) Township
(c) City Browning

Registration District No. 183

Primary Registration District No. 4296

Registered No. _____

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Nancy Rowell

(a) Residence, No. Browning St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lenord Rowell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 2 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOME
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arnold Missouri

13. NAME William Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ny

15. MAIDEN NAME annah west

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ind

17. INFORMANT Nora cassity
(ADDRESS) Browning

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive DATE Jan 2 1948

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wade Funeral home
Browning, Mo.

20. FILED Jan 5 1948 Ebra Crookshank
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 1947

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1947 to Dec 31 1947

I last saw him alive on Dec 30 1947 Death is said to have occurred on the date stated above, at 11 Am.

The principal cause of death and related causes of importance were as follows:

Cerebral softening
arteriosclerosis
Senility

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. R. Martin M. D.
(Address) Browning Mo.

HEALTH OFFICE
Cameron, Mo.

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Lura Co. I. Wadley

Licensed Embalmer No. 4172

P. O. Address Browning

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, above space should be left blank.