REC'D SEP 9 1938

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

28676
Do not use this space.

Registration District No. 213
Primary Registration District No. 3914 Registered No. 234

1. PLACE OF DEATH
(a) County Cole
(b) Township
(c) City Jefferson City (d) Street No. St. Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lu Ella Jean Rowden 3570
(a) Residence, No. St. Vienna Mo
(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: Female
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: Lewis Rowden
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 4, 1855
7. AGE: Years 82 Months 7 Days 29 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Never
11. Total time (years) spent in this occupation: Never

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vienna Mo

FATHER
13. NAME: John Felker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Amanda Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

17. INFORMANT (ADDRESS): Mrs J. C. Felker Vienna Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Vienna DATE 8/5/38
19. FUNERAL DIRECTOR (ADDRESS): Beecher Funeral Home Jefferson City
20. FILED 8/4/1938 Dr. Beecher M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1938
22. I HEREBY CERTIFY, That I attended deceased from July 3 1938 to Aug 3 1938
I last saw h. alive on Aug 3 1938 Death is said to have occurred on the date stated above, at 7 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
8 yr	8-3-38

Other contributory causes of importance:
Arteriosclerosis
Hypertension

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy? No

~~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? No
If so, specify
(Signed) Julian A Oseman M. D.
(Address) Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I, Victor Buesscher, Licensed Embalmer No. 3701

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Victor Buesscher

Licensed Embalmer No. 3701

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