

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

Do not use this space.
31405

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Four Primary Registration District No. 1002 Registered No. 3702
 (c) City Jackson 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 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clarence C. Rowe
 (a) Residence, No. 1825 Quindara St. Kansas City, Kansas
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State).

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Ida Rowe
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1962
7. AGE YEARS 76 MONTHS 5 DAYS 6 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1938 to Sept 21, 1938
 I last saw him alive on Sept 21, 1938. Death is said to have occurred on the date stated above, at 1:00 P.M.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Switchman
9. Industry or business in which work was done, as saw mill, bank, etc. Mo. Pac. R.R.
10. Date deceased last worked at this occupation (month and year) 6-30-37 **11. Total time (years) spent in this occupation** 1

Date of onset 1938
Carcinoma of prostate with metastasis
51
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atalissa Iowa

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) C. Morris Watkins 1525 Quindara
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Forest Hills Sept 23 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Newcomer Sons Brush Creek + Jasco.
20. FILED Sept 22, 1938 M. M. Brown Local Registrar.

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? No
 If so, specify Yes
 (Signed) E. C. ... M. D.
 (Address) 1002 ...

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.

file 5037
mailed 5 PM

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 _____

Licensed Embalmer No. 3976

P. O. Address _____

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.