

REC'D APR 7 1939

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

10758  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin. Registration District No. 297  
 (b) Township St. Johns Primary Registration District No. 5474 Registered No. 31  
 (c) City Washington, Mo. (d) Street No. R.F.D. #1 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 73 yrs. 1 mos. 21 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Louise Rowark.

(a) Residence, No. Washington, Mo., R.F.D. #1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1st, 1866.  
 7. AGE YEARS 73 MONTHS 1 DAYS 21 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-work.  
 9. Industry or business in which work was done, as saw mill, bank, etc. X  
 10. Date deceased last worked at this occupation (month and year) Jan., 1928. 11. Total time (years) spent in this occupation 60 yrs.

12. BIRTHPLACE (CITY OR TOWN) Washington, Missouri. (STATE OR COUNTRY) R.F.D. #1.

13. NAME Thomas Rowark.

14. BIRTHPLACE (CITY OR TOWN) Unknown, Remy, Mo. (STATE OR COUNTRY) Unknown.

15. MAIDEN NAME Johannah Mitchell,

16. BIRTHPLACE (CITY OR TOWN) Unknown, Mo. (STATE OR COUNTRY) Unknown.

17. INFORMANT Thomas E. Crowder, (ADDRESS) Owensville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newport Cemetery, DATE Mar. 24th, 1939  
Washington, Mo.

19. FUNERAL DIRECTOR (NAME), Nieburg & Vitt, Inc., (ADDRESS) Washington, Mo.

20. FILED Mar. 23 - 1939 H. A. May (Address) Washington, Mo.  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22nd, 1939.

22. I HEREBY CERTIFY, That I attended deceased from May, 1923, to March 22, 1939  
 I last saw her alive on March 18, 1939. Death is said to have occurred on the date stated above, at 1:50 P.M.  
 The principal cause of death and related causes of importance were as follows:

Parkinson's Disease (Paralysis Agitans) Date of onset Unknown  
Influenza 11/8 March 12-1939  
 Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical Was there an autopsy? No

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 ✓  
 (Signed) H. A. May, M. D.  
Washington, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

36

50M-17-2-38 X14022

**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, Me

Lester H. Vitt

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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, above space should be left blank.**