

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.

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

15475
Do not use this space.

REC'D MAY 12 1939

1. PLACE OF DEATH

(a) County Maries Registration District No. 1040

(b) Township Miller Primary Registration District No. 5736

(c) City _____ (d) Street No. _____ Registered No. 4

(e) Length of residence in city or town where death occurred 350 yrs. X mos. X ds. (f) How long in U. S., if of foreign birth? X yrs. X mos. X ds.

2. PRINT FULL NAME Joanne Rowden

(a) Residence, No. Near Brinktown, Mo St. (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 X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, X hrs. or X min.

X STILLBORN X

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. X

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) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co Mo.

FATHER

13. NAME Claude Joseph Rowden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo.

MOTHER

15. MAIDEN NAME Martha Jane Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Mo.

17. INFORMANT (ADDRESS) Claude J. Rowden Brinktown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS) Jed O Gilbert Dixon mo.

20. FILED 5-1 1939 C W Winkelman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) unknown 19__

22. I HEREBY CERTIFY, That I attended deceased from X to X

I last saw her alive on X, 19X. Death is said to have occurred on the date stated above, at X m.

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

This child was stillborn at 8:20 A.M. on April 29, 1939. Cause of stillbirth unknown but history and condition of body indicate that death had taken place within the last few days before birth.

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X 19__ X

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Paul J. Galt M. D.

487 (Address) Brinktown, Mo

Coroner, Maries Co.

STATEMENT BY LICENSED EMBALMER

Fred D. Gilbert

Licensed Embalmer No. *7341*

I hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Was not Embalmed*

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Fred D. Gilbert

Licensed Embalmer No. *7341*

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.)