

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

24950

Do not use this space.

AUG 17 1939

1. PLACE OF DEATH

(a) County Bales Registration District No. 50
 (b) Township Butler Primary Registration District No. 3004 Registered No. 34
 (c) City Butler (d) Street No. Butler Memorial 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. 0 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 453 N. Main St. - Butler Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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 (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1875
 7. AGE YEARS 64 MONTHS 2 DAYS 12 IF LESS than 1 day,hrs. ormin.

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

12. BIRTHPLACE (CITY OR TOWN) Macon Co (STATE OR COUNTRY) Missouri

FATHER 13. NAME James Milton Rowland

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

MOTHER 15. MAIDEN NAME Scyfer Katherine Barnett

16. BIRTHPLACE (CITY OR TOWN) Macon Co (STATE OR COUNTRY) Mo.

17. INFORMANT Rev J D Rowland (ADDRESS) Gambles Texas

18. BURIAL, CREMATION, OR REMOVAL PLACE Fater Mo DATE July 7 1939

19. FUNERAL DIRECTOR (NAME) Butler (ADDRESS) Butler Mo

20. FILED July 7, 1939 Norm L Culver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1939, to July 5, 1939. I first saw him alive on July 4, 1939. Death is said to have occurred on the date stated above, at 3-a m.

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

Acute insufficiency
34

Other contributory causes of importance: Tertiary Syphilis

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 Chas. G. Rush Jr., M. D. (Signed) Butler, Mo. (Address)

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.

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RECEIVED
District Health Officer No. 7,
District File Number 7-39-1270
Date Filed 8-11-39

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.....

Denton Leslie

....., Registered Apprentice No. *163*

working under my personal supervision.

Signed *Hattie G. Osburn*

Licensed Embalmer No. *3069*

P. O. Address *Butler 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.