

AUG 1 1939

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

25476
Do not use this space.

1. PLACE OF DEATH ² DADÉ ¹ Registration District No. ²⁴⁰
 (a) County ^{North} ¹ Primary Registration District No. ⁵³³² Registered No. _____
 (b) Township ^{ARCOLA, MO.} (c) Street No. _____ St.
 or _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 (c) City _____ (f) How long in U. S., if of foreign birth? yrs. mos. ds.

(e) Length of residence in city or town where death occurred yrs. mos. ds.

2. PRINT FULL NAME ^{USA} THOMAS FRANKLIN ROWLAND

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1938

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

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	3	2	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1939

22. I HEREBY CERTIFY That I attended deceased from June 19, 1939, to June 20, 1939

I last saw him alive on June 20, 1939. Death is said to have occurred on the date stated above, at 9:00 a.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. _____

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) _____

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

Cholera infantum

Date of onset

12. BIRTHPLACE (CITY OR TOWN) Arcola, Mo. (STATE OR COUNTRY)

Other contributory causes of importance: 114 W

13. NAME Howard Rowland

14. BIRTHPLACE (CITY OR TOWN) Dade County, Mo. (STATE OR COUNTRY)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

15. MAIDEN NAME Ida May Lawson

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. _____

17. INFORMANT Howard Rowland (ADDRESS) XXXXXXXX Arcola, Mo.

Manner of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

18. BURIAL, CREMATION, OR REMOVAL PLACE J. Liberty DATE June 21, 1939

(Signed) J. J. Lopez, M. D.

216 (Address) Stockton, Mo.

19. FUNERAL DIRECTOR (NAME) W. C. DAVIS & CO. (ADDRESS) Stockton, Mo.

20. FILED 19 _____ Local Registrar.

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.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25476
Do not use this space.

1. PLACE OF DEATH
 (a) County Dade Registration District No. 240
 (b) Township North Primary Registration District No. 3332 Registered No.
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) . St.
 (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 Thomas Franklin Rowland
 (a) Residence, No. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-18 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arcola Mo

13. NAME Howard Rowland
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Mo

15. MAIDEN NAME Ida Mae Rowson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Mo

17. INFORMANT (ADDRESS) Howard Rowland
Arcola Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE June 21 1939

19. FUNERAL DIRECTOR (ADDRESS) W. B. Davis
Stockton Mo

20. FILED Sept 8 1939 W. B. Davis
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1939

22. I HEREBY CERTIFY That I attended deceased from June 19 1939 to June 20 1939
 I last saw him alive on June 20 1939 Death is said to have occurred on the date stated above, at 9 A. M.
 The principal cause of death and related causes of importance were as follows:
Cholera Infantum Date of onset

Other contributory causes of importance:

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 M. D.
 (Signed) J. H. LePere
 (Address) Stockton Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED. PR. 381. important

S-25476 1939