

Registration District No. 4Primary Registration District No. 3001Registrar's No. 284

## 1. PLACE OF DEATH:

- (a) County ADAIR  
 (b) City or town KIRKSVILLE  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days 5 1/2

3. (a) PRINT FULL NAME JAMES ROWLEY ROUNER3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security

No. 490-10-7087

4. Sex MALE  
 5. Color or race W  
 6. (a) Single, widowed, married,  
divorced MARRIED  
 6. (b) Name of husband or wife LAURA MORREY ROUNER  
 6. (c) Age of husband or wife if  
alive 55 years  
 7. Birth date of deceased MARCH 15 1879  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 8 9 hr. min.9. Birthplace NEWARK MISSOURI  
(City, town, or county) (State or foreign country)10. Usual occupation RETIRED11. Industry or business FARMING

MOTHER FATHER  
 12. Name William Newton Rouner  
 13. Birthplace Shiga Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MARY Stiles Hampton  
 15. Birthplace Monroe City Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Laura M. Rouner(b) Address Kirkville Missouri17. (a) Burial (b) Date thereof Nov. 26, 1937  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Kirkville Missouri18. (a) Signature of funeral director DET. Rely(b) Address Kirkville MO19. (a) Nov 27/39 (b) Spencer L. Neenan  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County ADAIR  
 (c) City or town KIRKSVILLE  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 201 E. JEFFERSON ST.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27  
year 1937 hour 6:45 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him at arrival alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.Immediate cause of death coronary occlusion  
(thrombosis) Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy no autopsy

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence ✓(c) Where did injury occur? ✓  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? ✓ (Specify type of place) (e) Means of injury \_\_\_\_\_23. Signature L. D. Davis (M. D. or other) MDAddress Kirkville MO Date signed 11-29-37

RECEIVED

District Health Officer No. 10

District File Number 12-39-2179

Date Filed DEC 11 1939

---

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 comply with the above constitutes grounds for revocation of license.)

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