DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 26 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1033

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 118

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 21 years

In this community 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 1613 Belleview (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 1-7-39 40 year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 6:59 p. ..... 19..., to ..... 19...; that I saw h..... alive on ..... 19...; and that death occurred on the date and hour stated above.

Deputy Coroner

	Duration
Immediate cause of death 2° & 3° burns of the body	
Due to	
Due to 181	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of 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) Accident

(b) Date of occurrence 1-7-39

(c) Where did injury occur? K.C. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Dress caught fire (Specify type of place) (Not a Conflagration)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

3. (a) PRINT FULL NAME MRS. SARAH ROWLAND

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John H. Rowland

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased April 4 (Month) 1868 (Day) (Year)

8. AGE: Years 71 | Months 9 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Worth Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business 0

FATHER
12. Name Thomas Wooten 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace Beason (City, town, or county) (State or foreign country) 0

16. (a) Informant's own signature John H. Rowland

(b) Address 1613 Belleview

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-40 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Quirk & Fabin Co

(b) Address KC Mo

19. (a) Jan. 9, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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.

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 Harold Perry

Licensed Embalmer No. 4097

P. O. Address K. C. Mo.

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

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