

Registration District No. **411**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Joplin**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2651 E 8th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **58 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
 (c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2651 E 8th St.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Elizabeth Frances Rowe

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14th** year **1940** hour **7:45** minute **P.M.**

21. I hereby certify that I attended the deceased from **June 14, 1940** to **July 14, 1940** and that I last saw her alive on **June 14, 1940** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **H. W. Rowe** 6. (c) Age of husband or wife if alive **Dead** years _____
 7. Birth date of deceased **Sept 29 - 1848**
(Month) (Day) (Year)

Immediate cause of death **Myocarditis, chr.**
 Due to **cardiac dropsey**

8. AGE: Years **91** Months **8** Days **15** If less than one day hr. _____ min. _____

9. Birthplace **Patterson County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER
 12. Name **John M. Adams**
 13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
 14. Maiden name **Margaret Ann Fowler**
 15. Birthplace **No Record**
(City, town, or county) (State or foreign country)

Other conditions **g'c**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

16. (a) Informant's own signature **Mr. Glenn Harrison**
 (b) Address **Joplin, Mo.**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence **2 yrs**
 (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? **372**
(Specify type of place) (e) Means of injury _____

17. (a) **Burial** (b) Date thereof **7-16-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Forest Park**

18. (a) Signature of funeral director **Shorlitt Diller**
 (b) Address **Joplin, Mo.**

23. Signature **John Maynard**
 Address **218 W. 1st St.** Date signed **7-15-40**

19. (a) **7-10-40** (b) **Ed James**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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..... *David Dillon*
Licensed Embalmer No..... *3898*
P. O. Address..... *Joplin, 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.