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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27528**

SEP 5 1940
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3161**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
3621 Bales
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community About 11 Yrs.
(Specify whether years, months or days)

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. 3621 Bales
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Walter A. Rowe, Jr.

8. (b) If veteran, name war No 3. (c) Social Security No. 486-03-8120

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bernadine Rowe 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased April 23 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>3</u>	<u>13</u>	hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation S. W. Bell Telephone Co.

11. Industry or business X

12. Name Walter A. Rowe, Sr.

13. Birthplace Mass.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Boehm

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bernadine Rowe

(b) Address 3621 Bales, Kansas City, Mo.

17. (a) Removal (b) Date thereof 8-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery K.C. Kas

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Aug. 7, 1940 (b) M. M. Boehm
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th, year 1940 hour 9:30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw the deceased on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Asbestosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence 8-6-40

(c) Where did injury occur Home
(City or town) (County) (State)

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

While at work? (Specify type of place) (e) Means of injury gun

23. Signature Boehm (M. D. or other) _____
Address Home Date signed _____

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 E. M. Plauts

Licensed Embalmer No. 1848

P. O. Address W. C. 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.