

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days 5

3. (a) PRINT FULL NAME OSCAR ROWLAND

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 15 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 1 15 _____ hr. _____ min.

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

10. Usual occupation Janitor

11. Industry or business 0

12. Name John Rowland 10

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

14. Maiden name Mattie Pennington

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

16. (a) Informant Lena Garnett

(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof Nov. 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation at Hill (apicema)

18. (a) Signature of funeral director W. H. Marshall

(b) Address Carrollton Mo.

19. (a) 11-25-1940 (b) W. H. Marshall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th
year 1940 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from Nov. 18th
1940, 19____ to Nov. 19th, 1940;
that I last saw him alive on Nov. 18th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 1 Day

Due to _____
Due to _____ MI

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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

23. Signature W. S. Atwood (M. D. or other) _____
Address Carrollton, Mo Date signed 11/20/40

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

7
3

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 07-14-61

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 me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Cannelton 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.