

No. 2
1-1-40
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43593

State File No. _____

JAN 25 1941 719

Registration District No. 719

Primary Registration District No. 5-950

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Rural - Elm Junc. Mo
(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 _____ years, months or days (Specify whether _____)

8. (a) PRINT FULL NAME Ruthie Jane Rowland

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

4. Sex F - Color or race W -
5. (a) Single, widowed, married, divorced W -

6. (b) Name of husband or wife A. D. Rowland
6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased March 30 - 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 15
If less than one day _____ hr. _____ min.

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

10. Usual occupation Home Work

11. Industry or business _____

12. Name William Robbins

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

14. Maiden name Martha McFarland

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

16. (a) Informant B. B. Rowland

(b) Address Paris, Iowa

17. (a) None (b) Date thereof Dec 16 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation One Pine, Can-

18. (e) Signature of funeral director L. O. Winstead

(b) Address Unionville, Mo.

19. (a) Dec. 20 - 1940 (b) Mamie Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Swonia Mo R. 7. D.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 3 hour 20 minute _____ A. M.

21. I hereby certify that I attended the deceased from 1939
_____, 19____, to 1940, 19____;
that I last saw her alive on Dec - 14 -, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis
(Chronic)

Due to Myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 71

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? 646

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

23. Signature P. W. Kest (M. D. or other) _____
Address Coatesville Mo. Date signed 2/15/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 1-41-47

Date Filed JAN 7 1941

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 M. E. Hurst

Licensed Embalmer No. 3304

P. O. Address Unionville 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.