

JUN 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17607

Registration District No. 212

Primary Registration District No. 4129

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Eugene Clark
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Eugene
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 7, 1941
year 1941 hour 8:4 minute 55 P. M.
21. I hereby certify that I attended the deceased from 3/20, 1941, to May 7, 1941;
that I last saw her alive on May 3, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death: chronic myocarditis
cardiac failure

Due to _____
Due to _____

Other conditions: Hypertension - old
(Include pregnancy within 3 months of death) age

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?
102

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

23. Signature James W. Allee (M. D. or other) _____
Address Eugene, Mo. Date signed May 8 41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Julia Rowe
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Stirling Rowe 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Mar. 2, 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name George Holzer

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

14. Maiden name C. Mammery

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

16. (a) Informant Ovid Rowe

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 5-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eugene Cem.

18. (a) Signature of funeral director Russell

(b) Address Russell, Mo.
19. (a) May 8 - 41 (b) Mrs. V. K. Glover
(Date received local registrar) (Registrar's signature)

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

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.....

Licensed Embalmer No. 2307

P. O. Address. Russellville

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

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