

4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18463

Registration District No. 275

Primary Registration District No. 4339

Registrar's No.

FILED JUN 11 1941

1. PLACE OF DEATH:
 (a) County Moniteau
 (b) City or town Tipton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days)
 In this community Life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Moniteau
 (c) City or town Tipton, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. West Morgan Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? Native years.

3. (a) PRINT FULLNAME ALICE ROWLES

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife John Rowles 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased November, 25, 1867
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	5	22	hr. min.

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

10. Usual occupation At Home

11. Industry or business Home

12. Name Joseph Grazier

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

14. Maiden name Sarah Sortosa

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

16. (a) Informant Joe Rowles

(b) Address Tipton Mo

17. (a) Burial (b) Date thereof May-18-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director James E. Richards

(b) Address Tipton Mo

19. (a) May-17-41 (b) Mrs Sarah M...
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 17th, year 1941 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Since 1940 to May 1941, 1941; and that death occurred on the date and hour stated above. that I last saw her alive on May 16, 1941, 1941.

Immediate cause of death Myocardial failure Duration 5-17-41

Due to Coronary fibulcton 95 W 510-41

Due to General anesthesia 47-41

Other conditions General anesthesia
 (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

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

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

(b) Date of occurrence Tipton Moniteau Mo

(c) Where did injury occur? Tipton Moniteau Mo
 (City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury no

23. Signature J. P. Lume (M. D. position) (1)

Address Tipton Date signed no

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

8
2
0

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 Jimmie E. Richards
Licensed Embalmer No. 2466
P. O. Address Tipton 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, fact should be so stated above.