No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27990

Registration District No. 157 FILED SEP 15 1941 Primary Registration District No. 4091 Registrar's No. 33

**1. PLACE OF DEATH:**
(a) County: Cass
(b) City or town: Pleasant Hill
(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: 60 years (Specify whether years, months or days) In this community:

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: MO (b) County: Cass
(c) City or town: Pleasant Hill MO
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Grace Winnififred 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: Widowed
6. (b) Name of husband or wife: George Rowe
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. (Month) 14 (Day) 1864 (Year)

8. AGE: Years 76 Months 9 Days 21 If less than one day hr. min.

9. Birthplace: Hiawatha (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
FATHER 12. Name: George Kellogg
FATHER 13. Birthplace: West Hall (City, town, or county) Mass. (State or foreign country)
MOTHER 14. Maiden name: Mary Surenehart
MOTHER 15. Birthplace: Columbus (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Mrs Zaidee Parker
(b) Address: Pleasant Hill Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 9. 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill Mo.
18. (a) Signature of funeral director: Aug Brumfield
(b) Address: Pleasant Hill Mo.
19. (a) Aug-9-41 (Date received local registrar) (b) Mrs. Etta M. Aldridge (Registrer's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 7 year 41 hour 3 p.m. minute — M.
21. I hereby certify that I attended the deceased from July 28 1941 to Aug 7 1941; that I last saw her alive on Aug 9 1941; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary Occlusion | 8 da |
| Due to: Fract Femoral | 11 da |
| Due to: Fall — | |
| Other conditions: Senility (Include pregnancy within 3 months of death) | 6 mo |

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: 019
(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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: E. A. Albers (M. D. or other)
Address: Pleasant Hill, Mo. Date signed 8-8-41

(Licensed Embalmer's Statement on Reverse Side)

## 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~~ By me Aug 9 1941, Registered Apprentice No. ....., working under my personal supervision.

Signed A W Brownfull

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

**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.**

V. S. No. 2B
10M—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27990

Registration District No. 157 Primary Registration District No. 4091 Registrar's No. 33

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

SUPPLEMENTARY

**1. PLACE OF DEATH:**

(a) County Cass

(b) City or town Pleasant Hill
(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 (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Grace W. Rowe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. Day
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary occlusion | |
| Due to Fract clavical | |
| Due to Fall | |
| Other conditions Senility (Include pregnancy within 3 months of death) | |

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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 July 29 - 1941
(c) Where did injury occur? Pleasant Hill, Mo at home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? yes (e) Means of injury Fall.

23. Signature E A Aebers (M. D. or other)
Address Pleasant Hill, Mo Date signed 10-4-41