

S. No. 2  
-11-10-39  
5-17-39  
K21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3960  
Registrar's No. 7

Registration District No. 873  
Primary Registration District No. 6162

1. PLACE OF DEATH:  
(a) County Person  
(b) City or town Washington, Mo  
(c) Name of hospital or institution: State Hosp # 3, Nevada, Mo  
(d) Length of stay: 3 days  
In this community 3 days

3. (a) PRINT FULL NAME James C. Rowntree  
8. (b) If veteran, name war \_\_\_\_\_  
8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married Married  
6. (b) Name of husband or wife  Vera Ann Rowntree 6. (c) Age of husband or wife if alive  unknown years  
7. Birth date of deceased  Nov. 24 1878

8. AGE: Years 63 Months 1 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Stockton, Missouri

10. Usual occupation Driver

11. Industry or business \_\_\_\_\_  
12. Name David Rowntree  
13. Birthplace 1 Texas  
14. Maiden name  Catherine Colman  
15. Birthplace 9 Missouri

16. (a) Informant State Hosp # 3 Records  
(b) Address Nevada, Mo

17. (a) Removal (b) Date thereof Jan 8, 1942  
(c) Place: burial or cremation Webb City, Mo

18. (a) Signature of funeral director Webb City, Mo

19. (a) 1-8, 1942 (b) Allen V. Hays  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Webb City, Mo  
(d) Street No. 304 S. Liberty St  
(e) If foreign born, how long in U. S. A.? 0 years

20. DATE OF DEATH: Month Jan day 8  
year 1942 hour 2 minute 43 A.M.

21. I hereby certify that I attended the deceased from Jan 5, 1942 to Jan 8, 1942  
that I last saw him alive on Jan 7, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Due to Cardio-renal disease

Other conditions 131a  
(Include pregnancy within 8 months of death)

Major findings: 131a  
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature P. M. Jolly (M. D. or other) M.D.  
Address Nevada, Mo Date signed 1/8/42

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

RECEIVED

District Health Officer No. 7<sup>d</sup>

District File Number 2-42-139

Date Filed 2-13-42

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**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

*A K Mills*

Licensed Embalmer No.

*347*

P. O. Address

*Webb City, 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.**