

No. 2
4-12-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7978

FILED MAR 20 1942

State File No. _____

Registration District No. 892

Primary Registration District No. 6046

Registrar's No. 93

1. PLACE OF DEATH: Schuyler
 (a) County _____
 (b) City or town Rural Kabrus-trust
 (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

3. (a) PRINT FULL NAME SANDRA VERLE ROWE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 1. Color or race W
 6. (b) Name of husband or wife C 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 23 1940
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 11 15 hr. _____ min.

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

10. Usual occupation _____
 11. Industry or business _____

MOTHER FATHER { 12. Name Raymond Rowe
 13. Birthplace Schuyler to Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Winnifred Cooksey
 15. Birthplace Schuyler to Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant M + Mrs. Raymond Rowe
 (b) Address Lancaster Mo.

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

18. (a) Signature of funeral director Lloyd Moore
 (b) Address Parby Mo.

19. (a) McChico (b) H. E. Erving
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Schuyler
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. address Lancaster Mo.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7
 year 1942 hour 7 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Mar 7
 _____ 1942 to Mar 7 1942
 that I last saw her alive on Mar 7 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
 Duration 1 day
 Due to _____
 Due to 35
 Other conditions measles
 (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 _____
 (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?

 While at work? ✓ (Specify type of place) (e) Means of injury ✓
 23. Signature R. E. Vaughn (M. D. or other) D.O.
 Address Lancaster, Mo. Date signed Mar 8, 1942

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Lloyd Moore
.....
Licensed Embalmer No. 315-1
.....
P. O. Address Douglas, 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.