No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 6 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17150

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2029

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)
In this community: 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 2736 Askew
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: RALPH H. ROWLAND
3. (b) If veteran, name war: No
3. (c) Social Security No. 703-03-9547
4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Eloise Rowland
6. (c) Age of husband or wife if alive: 40 years
7. Birth date of deceased: December (Month) 7 (Day) 1900 (Year)

8. AGE: Years 41 Months 5 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace: Church Hill (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation: Usher
11. Industry or business: K.C. Terminal

MOTHER FATHER
12. Name: George W. Rowland
13. Birthplace: Church Hill (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name: Lizzie Pearson
15. Birthplace: Church Hill (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant: Mrs. Eloise Rowland
(b) Address: 2736 Askew
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 25-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: J.W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 5-25-42 (Date received local registrar) (b) M. M. O'Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day 5-22-42 year ____ hour ____ minute 5:55 A.M.
21. I hereby certify that I attended the deceased from 3-5-42, to ____, 19____; that I last saw him alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Mediastinal emphysema — Duration
Due to: Tracheotomy wound of neck
Due to: Fracture of larynx and epiglottis
Due to: Injury by hanging
(Including pregnancy within 3 months of death) 164a

Major findings:
Of operations:
Of autopsy: Yes

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): Suicide
(b) Date of occurrence: 5-16-42
(c) Where did injury occur? K.C. (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work: (Specify type of place) Kind of Means of injury: 5
23. Signature: Arthur Miller (M. D. or other)
Address: K.C. Mo Date signed

561 (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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed R. Haussfeld

Licensed Embalmer No. 4159

P. O. Address K. C. 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.