

S. No. 2
M-9-4-41
v. 5-17-39
I. X29484

29555

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 5 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3560

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: 3630 Warwick
Elizabeth Rest Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether
In this community 4 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 642 South Main
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME ADDISON EVANS ROWLAND

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife ~~Anna Evelyn~~
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 27 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>6</u>	<u>0</u>	hr. min.

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

10. Usual occupation Grocery Business

11. Industry or business Self

MOTHER FATHER
12. Name Alfred Rowland
13. Birthplace MO
(City, town or county) (State or foreign country)
14. Maiden name Elizabeth Crawford
15. Birthplace Annascho Neb.
(City, town, or county) (State or foreign country)

16. (a) Informant Walter T. Rowland
(b) Address Excelsior Springs

17. (a) Removal (b) Date thereof 9/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Excelsior Springs

18. (a) Signature of funeral director Therbert Hope
(b) Address Excelsior Springs

19. (a) 9-28-42 (b) M. M. Gove
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1942 hour 7 : minute 15 P. M.

21. I hereby certify that I attended the deceased from June 27, 1942 to Sept. 27, 1942
that I last saw him alive on 9/27/42
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate gland
Duration 1 year
Due to Generalized induration
Due to 51B

Other conditions 51B
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: 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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Dr. J. Stephens (Specify type of place) _____ (M. D. or other) _____
Address 252 Werby Bldg Date signed 9/28/42

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

Let Cross Stephens

Merby Rd

39th - main

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.....

Herbert Hope

Licensed Embalmer No.....

3199

P. O. Address.....

Excelsior Sp...

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.