V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37484

State File No. 37484

FILED DEC 12 1942

Registration District No. 1944 Primary Registration District No. 3038 Registrar's No. 134

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Brookfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mary Owens Convalescent Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 mt. In this community: About 60 yrs. (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME: Lewis Thomas Rowland
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. 12, 1856 (Month) (Day) (Year)
8. AGE: Years 86 Months 9 Days 2 If less than one day hr. min.
9. Birthplace: Delaware Co. (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER 12. Name: Thomas J. Rowland
13. Birthplace: (City, town, or county) Wales (State or foreign country)
MOTHER 14. Maiden name: Mary Jones
15. Birthplace: Mary (City, town, or county) Wales (State or foreign country)
16. (a) Informant: L. T. Rowland
(b) Address: Laclede, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-17-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Laclede, Mo.
18. (a) Signature of funeral director: Mrs. Thorne
(b) Address: Laclede, Mo.
19. (a) 11-18-1942 (Date received local registrar) (b) W H Cannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15 year 1942 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept. 1942, 19..., to Nov. 15, 1942, that I last saw him alive on Sunday 11/15, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to:	
Due to:	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: D. B. Willis (M. D. or other) D.O.
Address: Linneus Date signed: 11/16/42

TOE

(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~~ me

M. S. Thorne, Registered Apprentice No. 2876,

~~working~~ under my personal supervision.

Signed M. S. Thorne

Licensed Embalmer No. 2876

P. O. Address La Cleede, 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.