

Registration District No. **267**

Primary Registration District No. **3049**

Registrar's No. **14**

1. PLACE OF DEATH:
(a) County **Pemiscot**
(b) City or town **Hayti**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
84 Highway, West Frisco Railroad
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None** (Specify whether)
In this community **8 Years** (years, months or days)

3. (a) PRINT FULL NAME **Samual William Rowen**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Elizabeth Rowen** 6. (c) Age of husband or wife if alive **Deceased**

7. Birth date of deceased **March 8, 1865**
(Month) (Day) (Year)

8. AGE: Years **87** Months **11** Days **18** If less than one day hr. min.

9. Birthplace **Salem Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Same**

12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Pearl DeWeese**

(b) Address **Hayti, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb 27, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Bonner Arkansas**

18. (a) Signature of funeral director **J. L. La Forge**

(b) Address **Caruthersville, Mo.**

19. (a) **3/7/43** (Date received local registrar) (b) **George Klumbert** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pemiscot**
(c) City or town **Hayti, Mo.** (If outside city or town limits, write "RURAL")
(d) Street No. **84 Highway** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **Citizen of U.S.A.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **25**
year **1943** hour **12** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Feb. 6, 1943** to **Feb. 25, 1943**
that I last saw him alive on **Feb. 25, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic Glomerular Nephritis
Chronic Hypertension
Chronic Myocardial Infarction
Chronic Bronchitis
Chronic Pyelitis
Chronic Prostatitis
Chronic Otitis Media
Duration **4 days**

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations **107**
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 **Asst. Dir. Health** (M. D. or other).....
Address **Hayti, Mo.** Date signed **3-2-43**

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

78
20
1

78
20
1

MOTHER FATHER

9

9

13219

2-43-159

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

J. L. La Forge

Licensed Embalmer No. 3082

P. O. Address *Canneltonville, 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.