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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

256257

State File No. 256257

FILED JUL 20 1943

Registration District No. 17

Primary Registration District No. 5834

Registrar's No. 17

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Diamond (If outside city or town limits, write "RURAL" and name of township) Marion Twp
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACESED:
(a) State: Mo. (b) County: Newton
(c) City or town: Diamond (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 ____

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3. (a) PRINT FULL NAME: Ester Louella Rowe

3. (b) If veteran, name war: X

3. (c) Social Security No. X

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Glenn Rowe

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: July (Month) 5 (Day) 1888 (Year)

8. AGE: Years 54 Months 11 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace: Butler County (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ____

MOTHER FATHER

12. Name: S.F.Flacker

13. Birthplace: North Carolina (City, town, or county) (State or foreign country)

14. Maiden name: Edila Johnson

15. Birthplace: North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant: Glenn Rowe
(b) Address: Diamond Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/11/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Diamond Cemetery

18. (a) Signature of funeral director: [illegible]
(b) Address: Pierce City Mo.

19. (a) 6-13-1943 (Date received local registrar) (b) Mrs. U.S. Chapman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1943 hour 11 minute A M.

21. I hereby certify that I attended the deceased from September 29, 1942, to June 4, 1943 that I last saw her alive on June 4, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure — Duration

Due to: Asthma

Due to: Hypertension

Other conditions: Chronic Cholecystitis (Include pregnancy within 3 months of death)

Major findings:
Of operations: [illegible]
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: Dr. E.W. Martin (M. D. or other) D.O.
Address: Box 31, Diamond, Mo. Date signed: 6/13/43

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(Licensed Embalmer's Statement on Reverse Side)

Date Received JUL 15 1943
File No. 743-129

JUL 19 1943

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 [illegible]

Licensed Embalmer No. 3822

P. O. Address [illegible]

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.