

FILED JAN 6 1944

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 133

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

1. PLACE OF DEATH: St. Francis

(a) County: St. Francis

(b) City or town: Bonne Terre  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Mo. (Specify whether years, months or days)

In this community: \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Mary A. Rowden

3. (b) If veteran, name war: None

3. (c) Social Security No.: One

4. Sex: Female

5. Color or race: white

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

6. (b) Name of husband or wife: Asa

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

7. Birth date of deceased: Jan. 20 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: De Sota Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife at home

11. Industry or business: Thomas Davis

12. Name: Thomas Davis

13. Birthplace: Wales 4  
(City, town, or county) (State or foreign country)

14. Maiden name: Jennie Black

15. Birthplace: Orleans Indiana /  
(City, town, or county) (State or foreign country)

16. (a) Informant: Allen G Rowden

(b) Address: Granite City, Illinois

17. (a) Removal (b) Date thereof: Dec. 26, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Granite City, Ill.

18. (a) Signature of funeral director: Marvin J. Jolley

(b) Address: Madison, Illinois

19. (a) DEC. 26, 1943 (b) Burdie Bukmaster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State: Illinois (b) County: Madison

(c) City or town: Granite City  
(If outside city or town limits, write "RURAL")

(d) Street No.: 1900a Benton St.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26  
year 1943 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 26, 1943, to Dec 26, 1943  
that I last saw her alive on Dec 26, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Due to: unknown

Duration: unknown

Due to: \_\_\_\_\_

Other conditions: 932  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_

23. Signature: B. Evans (M. D. or other)  
Address: Bonne Terre Date signed: 12-26-43

VED

Health Officer No. 4  
District File Number 144-3104  
Date Filed 1-5-44

**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 Francis J. Lehey

Licensed Embalmer No. 2792

P. O. Address Madison Ill

**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.**