July 26 - 70 - R-1 11 42

V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 23 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26974

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3297

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

18
3
8

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: St. Joseph O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass 19
(c) City or town R-7 D-1 - Pleasant Hill Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME NOAH WALLACE ROWLAND
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced O Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 26 (Day) 1874 (Year)

8. AGE: Years 70 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Lone Jack (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name W. E. Rowland
13. Birthplace Independence (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Julia Ann Nixon
15. Birthplace Lone Jack (City, town, or county) Mo O (State or foreign country)
16. (a) Informant D. Rowland
(b) Address Pleasant Hill Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Cemetery
18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill Mo
19. (a) 8-10-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1944 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 5, 1944 to Aug 10, 1944
that I last saw him alive on Aug 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 7 da
Due to aterial tension
Due to
Other conditions (Include pregnancy within 3 months of death) 83a
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 E. A. Albers (M. D. or other)
Address Pleasant Hill Mo Date signed 8-10-44

(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 By me 8-11-44, Registered Apprentice No. ....., working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill 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.