

S. No. 2  
OM-8-43  
v. 5-17-39  
X37823

6360

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 17

Registration District No. 184 Primary Registration District No. 3038

1. PLACE OF DEATH:  
(a) County Linn  
(b) City or town Brookfield  
(c) Name of hospital or institution: McJannet Hospital 0  
(d) Length of stay: In hospital or institution 1.5 weeks  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Macon 61  
(c) City or town New Cambria (Rural) 0  
(d) Street No. 3 miles north of New Cambria  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HARRY ROWLAND  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 10 year 1946 hour 10 minute 20 M.  
21. I hereby certify that I attended the deceased from 12 1945 to Feb 9 1946  
that I last saw him alive on Feb 9 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Kate Rowland  
6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased May 7 1876  
(Month) (Day) (Year)

Immediate cause of death: Chronic Glomerular Nephritis  
Duration 6 yr.

8. AGE: Years 69 Months 9 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Diabetes Mellitus  
Other conditions (include pregnancy within 3 months of death) Coronary Sclerosis  
Major findings: 131N

9. Birthplace North Ebensburg Penna.  
10. Usual occupation Farmer

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

11. Industry or business \_\_\_\_\_  
12. Name Richard Rowland  
13. Birthplace Water 4  
14. Maiden name Sarah Ann James  
15. Birthplace Water 4

16. (a) Informant Dale Rowland  
(b) Address New Cambria, Mo.  
17. (a) Burial (b) Date thereof Feb 12 1946  
(c) Place: burial or cremation New Cambria Semitery  
18. (a) Signature of funeral director H. G. Killeland  
(b) Address New Cambria, Mo.  
19. (a) 2/12/46 (b) Evelyn Kelly Deputy  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
(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 \_\_\_\_\_  
Signature Brody Dale (M. D. or other) MD  
Address Brookfield Date signed 2/10/46

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

333

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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

*H. J. Gilliland*

Licensed Embalmer No.

*4019*

P. O. Address

*New Cambria, 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.