

FILED JUL 29 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 5

Primary Registration District No. 4016

Registrar's No. 17

1. PLACE OF DEATH:

(a) County ATCHISON
TARKIO
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison 3
(c) City or town Tarkio 1
(If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH ELIZABETH ROWLAND

3. (b) If veteran, name war _____ 3. (c) Social Security No. MA

4. Sex FEM 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased FEB 24 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Pittsfield MASS.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name EDWARD COLE

13. Birthplace Mass.
(State or foreign country)

14. Maiden name Anna Miller

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

16. (a) Informant LYMAN M. ROWLAND

(b) Address Tarkio Mo.

17. (a) Burial (b) Date thereof JUNE 18 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Cemetery

18. (a) Signature of funeral director J.M. Davis

(b) Address Tarkio Mo.

19. (a) June 20-46 (b) Mo. H.P. Cunningham
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1946 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 9, 1946, to June-15, 1946; that I last saw her alive on June-15, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism, left Hemis. 5-hrs.

Due to Chronic Endocarditis 4 yrs

Due to _____

Other conditions mild laryngeal catarrh 6 days
(Includes pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J.M. Davis (M. D. or other) 0

Address Tarkio Mo. Date signed 6-17-46

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

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.....

Frost A. Browning

Licensed Embalmer No.....

3338

P. O. Address.....

Jarvis, 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.