

S. No. 2
M-2-43
7-5-17-39
X39697

34400

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution Pike co. Hospital
(If not in hospital or institution, write street number or location)

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

In this community 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Louisiana 2
(If outside city or town limits, write "RURAL")

(d) Street No. 207 Frankford Road
(If rural, give location) 1

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME FRANCES ROWLEY

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1946 hour 4 minute 10 P.M.

4. Sex Female 5. Color or race White 6. (e) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Virgil Rowley 6. (c) Age of husband or wife if deceased 17 years 1875

7. Birth date of deceased: December (Month) 17 (Day) 1875 (Year)

21. I hereby certify that I attended the deceased from 10/3/46 19__ to 10/4/46 19__ that I last saw her alive on 10/4/46 19__ and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>17</u>	hr. _____ min. _____

Immediate cause of death acute dilatation of heart

Due to _____

9. Birthplace Pinkneyville Illinois
(City, town, or county) (State or foreign country)

Due to Chronic Hypertension

Other conditions 95
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business Housekeeping

Major findings: Of operations none Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name David Gibson

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Cavender

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

16. (a) Informant Mrs Lee Smith

(b) Address Louisiana Missouri

17. (a) Burial Riverview (b) Date thereof 10/6/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
(Specify type of place)

While at _____ (e) Means of injury no

18. (a) Signature of funeral director Garner & Sterne

(b) Address Louisiana Missouri

19. (a) 10-5/46 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

23. Signature Bernice Collier (M. D. or other) _____
Address Louisiana, Mo Date signed _____

10-8-46

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

31224

RECEIVED
District Health Officer No. 10
District File Number *LD-46-2012*
Date Filed **NOV - 8 1946**

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 *J. B. Stone*.....

Licensed Embalmer No. *4039*.....

P. O. Address *Louisiana, 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.