S. No. 2
0M—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37990

Registration District No. 291 Primary Registration District No. 5988 Registrar's No. 85

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Rural Elm Tmp/
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Livonia, Mo. R. F. D. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 86

(a) State Mo. (b) County Putnam

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

(d) Street No. Livonia. Mo.
(If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME James Harrison Rowland

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex M 6

5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Fannie Rowland

6. (c) Age of husband or wife if alive 76 years

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

8. AGE: Years 86 Months 7 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William B. Rowland
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Martha D. Collins
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant George Roland
(b) Address Livonia, Mo.

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 11-25-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Cemetery

18. (a) Signature of funeral director Hustel & Son
(b) Address Unionville, Mo.

19. (a) 11-29-46 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24th year 1946 hour 1 minute 4 M.

21. I hereby certify that I attended the deceased from XX XX, 19..., to ..., 19...; that I last saw h... alive on XX, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93A	
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) no

(b) Date of occurrence

(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? (Specify type of place)

While at work? no (e) Means of injury

23. Signature Chas Fowler Coroner M. D. or other

Address Unionville Mo Date signed 11-25-1946

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 12-46-2276
Date Filed DEC 10 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 Kenneth Slavens, Registered Apprentice No. 418, working under my personal supervision.

Signed Merl E Hirsle

Licensed Embalmer No. 3304

P. O. Address Unionville 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.