

1. PLACE OF DEATH:
 (a) County St. Francois
 (b) City or town Cantwell, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francois **94**
 (c) City or town Cantwell
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Daniel Rowe
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December Day 29 Year 1946 hour 7:10 minute _____ P.M.

4. Sex Male 5. Color or race Caucas 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Sarah M. Rowe 6. (c) Age of husband or wife if alive 88 years
 7. Birth date of deceased July 4 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-27 1946 to 12-29 1946
 that I last saw him alive on 12-28 1946 and that death occurred on the date and hour stated above.
 Immediate cause of death Pneumo pneumonia Duration 7d

8. AGE: Years 79 Months 5 Days 25 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

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

Other conditions Arterio Sclerotic degeneration
(Include pregnancy within 3 months of death)
Chronic nephritis

10. Usual occupation Farmer

Major findings:
 Of operations _____
 Of autopsy 92%
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Unknown **9**
 13. Birthplace Unknown **1**
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown **17**
 15. Birthplace Unknown **1**
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Mrs Sarah Rowe
 (b) Address Cantwell, Mo
 17. (a) Burial (b) Date thereof Dec-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation IOOF St. Francois, Mo

While at work? _____
(Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director Sparks Funeral Home
 (b) Address 300 Taylor Flat River, Mo
 19. (a) 1-3-47 (b) Ether Redloff
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M.D. or other) _____
 Address _____ Mo Date signed 12-30-46

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

0-2
-45
7-39
K47070

RECEIVED

District Health Officer No. 4
District File Number 147-24
Date Filed 1-6-47

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 Murphy La Parks

Licensed Embalmer No. 4236

P. O. Address. Flat River, 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.