V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1947

Registration District No. 55

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16798

Primary Registration District No. 2011

Registrar's No. 200

1. PLACE OF DEATH:
(a) County: Carroll
(b) City or town: Carrollton
(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: Entire Life (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Carroll
(c) City or town: Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No.: 509 North Folger
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: XXXXXXX

3. (a) PRINT FULL NAME: DAVID M. NOWLAND

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary B. Layman

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: Jan. 26 1873 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	3	27	hr. min.

9. Birthplace: Carroll County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Santa Fe Railway

FATHER
12. Name: John Nowland
13. Birthplace: (City, town, or county) Mo. (State or foreign country)

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

16. (a) Informant: Mrs. David Nowland
(b) Address: Carrollton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/26/1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery

18. (a) Signature of funeral director: Standley & Gibson
(b) Address: Carrollton, Mo.

19. (a) 5/26/47 (Date received local registrar) (b) Mr Herbert Calmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 24 year: 1947 hour: 8 minute: 30 A. M.

21. I hereby certify that I attended the deceased from May 19th 1947 to May 24th 1947 that I last saw him alive on May 24th 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerosis and Hypretensive heart disease.

Duration

Due to:

Due to:

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy: No 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: XXXX
(c) Where did injury occur? No injury (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXXXXX
While at work: XXXXX (Specify type of place) (e) Means of injury: XXXX

23. Signature: R. F. Cook (M. D.)
Address: Carrollton, Mo. Date signed: 5/26/47

(Licensed Embalmer's Statement on Reverse Side)

District Registrar

District File Number

Date Filed 6-12-47

JUL 1 1947

JUL 7 1947

AUG 1 1947

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.