

No. 2
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5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21515**
Registrar's No. **106**

FILED JUL 28 1947
Registration District No. **2**

Primary Registration District No. **5655**

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 465 days
In this community 465 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Glen Rowland
3. (b) If veteran, name war no
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jane Rowlett Rowland
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased May 14 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 0 26 hr. min.

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

10. Usual occupation Office Work
11. Industry or business Royal Pop corn Co.

MOTHER FATHER
12. Name Thomas A. Rowland
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Martha Griffith
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk
(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Removal (b) Date thereof 6-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Vernon, Mo.

18. (a) Signature of funeral director H. D. Fossett
(b) Address Mount Vernon, Mo.

19. (a) Guy (b) Dr. Phillips
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt
(c) City or town Mound City
1514 Neb. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 9
year 1947 hour 11 minute 50 a. M.
21. I hereby certify that I attended the deceased from February 27
1946, to June 9, 1947
that I last saw him alive on June 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
cavitary, atrophic arthrit.
Duration About 2 yrs.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 13.13
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 Rudickman (M. D. or other)
Address Mo. State San., Mount Vernon Date signed 6-9-47

RECEIVED

District Health Officer No. 67

District File Number 647-669

Date Filed JUN 30 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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon

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.