

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

1. PLACE OF DEATH:

(a) County MORGAN
(b) City or town RURAL HAW CREEK Twp
(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)
In this community LIFE years, months or days

3. (a) PRINT FULL NAME SILAS EMBER ROWLAND

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife LYDIA ROWLAND 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased SEPT 27 1874 (Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Wood County OHIO (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name AMOS ROWLAND
13. Birthplace OHIO
14. Maiden name SARAH ALICE BYBBS
15. Birthplace OHIO

16. (a) Informant JOHN ROWLAND
(b) Address KANSAS CITY MO.

17. (a) BURIAL (b) Date thereof 8-25-1947 (Month) (Day) (Year)

(c) Place: burial or cremation STOVER CEMETERY

18. (a) Signature of funeral director J. Stover
(b) Address Stover Mo.

19. (a) Aug. 29 1947 (b) W. L. Reppinger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN
(c) City or town RURALS (If outside city or town limits, write "RURAL")
(d) Street No. 2 MILES SOUTH (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 23 P.D. year 1947 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from none _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration few minutes
died instantly

Due to _____

Due to _____

Other conditions (Include pregnancy, within 3 months of death) _____

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN AYH
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 R. J. Stover (M. D. or other) Wesley Mo. Address _____ Date signed 8-24-47

RECEIVED
District Health Officer No. 7,
8.47-1036
District File Number 9-2-47
Date Filed

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. L. Stevinson
Licensed Embalmer No. 4073
P. O. Address Stover, 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.