

S. No. 2  
-12-45  
5-17-39  
P I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 10 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **28569**  
Registrar's No. **274**

Registration District No. **274** Primary Registration District No. **3052**

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

1. PLACE OF DEATH:  
(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2600 South Lamine**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **lifetime**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Pettis**  
(c) City or town **Sedalia, Missouri**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2600 South Lamine**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Pearl Katherine Rowlette**  
3. (b) If veteran, name war **none**  
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **August** day **10**  
year **1947** hour **9:30** minute **P.** M.  
21. I hereby certify that I <sup>viewed</sup> attended the deceased from **6:30** to **8:10**, 1947, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color of race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **James B. Rowlette**  
6. (c) Age of husband or wife if alive **42** years  
7. Birth date of deceased **April 17, 1918**  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
**coronary arteriosclerosis**  
Due to **coronary thrombosis**  
Due to \_\_\_\_\_

8. AGE: Years **29** Months **3** Days **23** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace **Sedalia, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **thrombotic coronary arteries**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name **Arthur Spry**  
13. Birthplace **Howard County, Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Birdie Vincent**  
15. Birthplace **Pettis County, Mo.**  
(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 **James B. Rowlette (husband)**  
(b) Address **2600 S. Lamine, Sedalia, Mo.**  
17. (a) **Burial** (b) Date thereof **8/12/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Crown Hill Cemetery**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **W. H. T. Holden** (M. D. or other) \_\_\_\_\_  
Address **215 S. 2nd St. Sedalia, Mo.** Date signed **8/11/47**

18. (a) Signature of funeral director **Duane Ewing**  
(b) Address **Sedalia, Missouri**  
19. (a) **8/12/47** (b) **Betty Yeager**  
(Date received local registrar) (Registrar's signature) Deputy

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-9-47

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 Marian Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.