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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29465 7940

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME Gail Rowden
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Everett A. Rowden
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May (Month) 21 (Day) 1880 (Year)
8. AGE: Years 67 Months 2 Days 25 If less than one day hr. min.
9. Birthplace Miller County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name John B. Tallman
13. Birthplace Pa. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margaret A. Allen
15. Birthplace Miller Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant E. A. Rowden
(b) Address Crocker, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 16, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Crocker, ~~Cem.~~ Mo
18. (a) Signature of funeral director J. L. HOOPS & SONS.
(b) Address Crocker, Mo.
19. (a) AUG 21 1947 (Date received local registrar) J. F. Bredeen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1947 hour 7 minute 20 A.M.
21. I hereby certify that I attended the deceased from August 7, 1947, 19__, to August 16, 1947, 19__; that I last saw her alive on August 16, 1947, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial infarction with cerebral embolism	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature F R Bradley (M. D. or ~~other~~)
Address Barnes Hospital, Date signed 8/16/47

(Licensed Embalmer's Statement on Reverse Side)

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 Paul B. Koop

Licensed Embalmer No. 3261

P. O. Address Waynesville, 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.