

No. 2
-5-43
-17-39
X36671

FILED FEB 28 1948

Registration District No. 32

Primary Registration District No. 3006

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Hochel State Cancer Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 122 days
(Specify whether
In this community 133 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rose Jack
(If outside city or town limits, write "RURAL")
(d) Street No. Bursel
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Rowland, Minnie Florence

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

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife A. K. Rowland 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased August 21 1873
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Henry Martin

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Estes

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie M. Houston
(b) Address Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof 2 15 48
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo

18. (a) Signature of funeral director Allen Bradford
(b) Address Pleasant Hill, Mo.

19. (a) Feb 14 48 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day fourteenth
year 1948 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from 10/13/47 to 2/17/48
that I last saw h.e.f. alive on 2 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to Lymphosarcoma
Due to Generalized

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

Major findings: None
Of operations _____
Of autopsy above

Duration _____
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)
Means of injury _____

23. Signature Chas. E. Lohr
Address Ellis State Cancer Hosp. Date signed 2/17/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 9/22/14

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.....

Glen Hill

Registered Apprentice No. *8*

working under my personal supervision.

Signed *Allen Brownfield*

Licensed Embalmer No. *13785*

P. O. Address *Pleasant Hill, Md*

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.