S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 26581

Registrar's No. 3452

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

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7422 OLIVE STREET 1
(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 JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7422 OLIVE STREET 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country - - - - - - -

3. (a) PRINT FULL NAME CONSTANCE JEANNE ROWLAND

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife - - - - - - -

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased JANUARY (Month) 16 (Day) 1944 (Year)

8. AGE: Years 4 Months 7 Days 4 If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation NONE - CHILD

11. Industry or business AT HOME

FATHER
12. Name HAROLD C. ROWLAND
13. Birthplace DES MOINES (City, town, or county) IOWA 1 (State or foreign country)

MOTHER
14. Maiden name ALTHEA J. GRAY
15. Birthplace DES MOINES (City, town, or county) IOWA 1 (State or foreign country)

16. (a) Informant HAROLD C. ROWLAND
(b) Address 7422 OLIVE STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 23. 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 8-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 20TH
year 1948 hour ___ minute P. M.

21. I hereby certify that I attended the deceased from ___, 19__, to ___, 19__;
that I last saw h___ alive on ___, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Status Thymo Lymphaticus

Due to ___

Due to ___

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

Major findings:
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? ___ (Specify type of place)

While at work? ___ (e) Means of injury ___

23. Signature [signature] (M. D. or other)

Address St. Joseph's Hospital Date signed Aug 24

(Licensed Embalmer's Statement on Reverse Side)

6741 Prospect
1-4

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 Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.