

FILED OCT 25 1948

Registration District No. 177

Primary Registration District No. 4309

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Ludlow
(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 36yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Ludlow, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Clyde Rowland

3. (b) If veteran, name war no 3. (c) Social Security 488-14-8460

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 14th, 1912
(Month) (Day) (Year)

8. AGE: Years 36 Months 4 Days 28 If less than one day
hr. _____ min. _____

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

10. Usual occupation Mechanic

11. Industry or business automobile

12. Name William L. Rowland

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

14. Maiden name Elizabeth Johnson

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

16. (a) Informant William L. Rowland

(b) Address Ludlow, Mo.

17. (a) Burial (b) Date thereof 10-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe Center Cem.

18. (a) Signature of funeral director Raymer Mead

(b) Address Raymer, Mo

19. (a) 10-13-48 (b) State of Living
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th
year 1948 hour 8 minute p.m.

21. I hereby certify that I attended the deceased from Oct 1st, 48
7 1948 to Oct 10 1948
that I last saw him alive on Oct 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 10 days

Due to Probably to long illness with Tuberculosis of lung
Due to of 5- or 6 years standing

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature Ray Mead (M. D., registrar)

Address Ludlow, Mo Date signed 10-13-48

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

100

59
0
0
0

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Wayne H. Hallerman

Registered Apprentice No. **77**

working under my personal supervision.

Signed *Bernard F. Neal*

Licensed Embalmer No. **2801**

P. O. Address.....

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.