

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4114**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **202**

1. PLACE OF DEATH
a. COUNTY **Buchanan**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Joseph Mo.**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **Mercy Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Holt**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mound City**
d. STREET ADDRESS _____

3. NAME OF DECEASED
a. (First) **WILLIAM** b. (Middle) _____ c. (Last) **Rowlett**

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 16, 1949

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never married**

8. DATE OF BIRTH **11:55 PM Feb. 15, 1949**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins. **2 125**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **UMo. Pumpkin Center, Nodaway Co**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Alma Rowlett**

13b. MOTHER'S MAIDEN NAME **Naomi Miller**

14. NAME OF HUSBAND OR WIFE **UNKNOWN Nona**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Alma Rowlett Mound City, Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pneumonia**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Aspiration of fluid.**
DUE TO (c) **Premature labor; birth**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **Feb. 15, 1949, to Feb. 16, 1949**, that I last saw the deceased alive on **Feb. 16, 1949**, and that death occurred at **2:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. R. Pitcock D.O.**

23b. ADDRESS **Maitland, Mo.**

23c. DATE SIGNED **2-16-49**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE **Feb. 18, 1949**

24c. NAME OF CEMETERY OR CREMATORY **K. of P. Cemetery Maitland, Holt, Mo.**

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. **Feb. 17, 1949**

REGISTRAR'S SIGNATURE **G. L. Jenkins**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **W. Crawford Mound City, Mo.**

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed..... 

Signed.....
Student Embalmer

Licensed Embalmer No. 1824

P. O. Address Mound City, 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.