

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23611**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1001** Registrar's No. **2947**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>126 Nero</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Myrtle</b> b. (Middle) _____ c. (Last) <b>Rowland</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 4 1949</b>		
5. SEX <b>FE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	
8. DATE OF BIRTH <b>Don't know</b>		9. AGE (In years last birthday) <b>48</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Don't know</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Don't know</b>		13b. MOTHER'S MAIDEN NAME <b>Don't know</b>		14. NAME OF HUSBAND OR WIFE <b>Don't know</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>William L. Rowland</b> ADDRESS <b>474</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Rheumatic mitral and aortic valvulitis healed</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS <b>Congestive passive congestion of lungs, liver and spleen</b>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 21, 1949** to **July 4, 1949**, that I last saw the deceased alive on **July 4, 1949**, and that death occurred at **10:35 P.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. W. Hart</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Med. Dir. Gen'l Hosp.</b>		23c. DATE SIGNED <b>7-5-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 8, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Shawnee Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>Shawnee Kansas</b>			

DATE REC'D BY LOCAL REG. <b>7-7-49</b>		REGISTRAR'S SIGNATURE <b>Steraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. A. Battersford</b> ADDRESS <b>22418th St Kc Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....  
Student Embalmer

Signed

*RWDennis*

Licensed Embalmer No. *3467*

P. O. Address *Kansas City Kan*

**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.