

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
3630

FILED AUG 25 1952

|  |  |  |   |  |   |  |   |
|--|--|--|---|--|---|--|---|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>   |   | Registrar's No. <u>3630</u>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>   |  | c. LENGTH OF STAY (in this place)<br><u>70 years</u>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>   |   |  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>General Hospital # 1</u>   |  |  |   | d. STREET ADDRESS (If rural, give location)<br><u>3320 Benton St.</u>  |   |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>William</u> b. (Middle) <u>H.</u> c. (Last) <u>Rowland</u>   |  |  | 4. DATE OF DEATH<br>(Month) <u>8</u> (Day) <u>13</u> (Year) <u>52</u> |  |   |  |   |
| 5. SEX <u>male</u>   |  | 6. COLOR OR RACE <u>white</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widower</u>   |   | 8. DATE OF BIRTH<br><u>Feb. 3, '74</u>                                       |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Storeman</u>   |   | 11. BIRTHPLACE (City and State of Foreign Country)<br><u>Cleveland Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                                   |   |
| 13a. FATHER'S NAME<br><u>Unknown</u>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>                           |  | 14. NAME OF HUSBAND OR WIFE<br><u>Margaret Rowlands</u> |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |  | 16. SOCIAL SECURITY NO.<br><u>none</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Eugene Bohlken - 3320 Benton</u>   |   |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                    |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of esophagus with metastases.</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>150h</u>                                     |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |   |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)  |  | 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 <u>June 23, 1952</u> , to <u>Aug. 13, 1952</u> , that I last saw the deceased alive on <u>Aug. 13, 1952</u> , and that death occurred at <u>11:25 pm.</u> , from the causes and on the date stated above. |  |  |   |  |   |  |   |
| 23a. SIGNATURE<br><u>B.I. Burns</u>  |  |  |   | 23b. ADDRESS<br><u>24th &amp; Cherry Sts.</u>  |   | 23c. DATE SIGNED<br><u>8/14/52</u>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>Aug 15 1952</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Smt. Manual Cemetery</u>  |   | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City Missouri</u> |   |
| DATE REC'D BY LOCAL REG.<br><u>8-14-52</u>   |  | REGISTRAR'S SIGNATURE<br><u>Geraldine Holmes</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Hilke Funeral Home 2315 Linwood</u>   |   |  |   |

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

NOV 7 1952

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 Chas E Weeks

Licensed Embalmer No. 2644

P. O. Address AC 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.