

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37574

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

5089

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>63 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>3827 EAST 10<sup>TH</sup> STREET TERRACE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3827 EAST 10<sup>TH</sup> STREET TERRACE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>NANNIE</u> b. (Middle) <u>BELLE</u> c. (Last) <u>ROWLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER 1, 1954</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 7, 1866</u>	9. AGE (In years last birthday) <u>88</u>	<input type="checkbox"/> UNDER 1 YEAR Months Days <input type="checkbox"/> UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MANCHESTER, OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>J. W. JENNINGS</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH JANE JAMES</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED DAVID U. ROWLAND</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM D. ROWLAND-NICKMAN MISSOURI</u>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia.</u>		<u>24 hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cirrhosis of liver</u>		<u>1 year</u>
	DUE TO (c) <u>Malnutrition</u>		<u>4 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>5810</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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 August, 1953, to November, 1954, that I last saw the deceased alive on 10-31, 1954, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE H. Ivan <u>8001</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>11134 71 Highway, Hickory Mills</u>	23c. DATE SIGNED <u>11-2-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV. 3, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MARIAN CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. J. Newnam's Sons - Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-3-54</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	ADDRESS <u>13315 28th Street, Kansas City, Missouri</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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.....  
Signature of Student Embalmer

Signed *John B. Lewis*.....  
Licensed Embalmer No. *487*.....

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.