

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 15 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5725

State File No. 30361

Registrar's No. 385

1. PLACE OF DEATH:

- (a) County MACON
(b) City or town Rural Hudson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Excelsior Res. home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos.
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT

FULL NAME MARY ANNA ROWLAND

3. (b) If veteran,

name war.....

3. (c) Social Security No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 27, 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
95 2 13 hr. min.

9. Birthplace..... Wales IL
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business.....

12. Name Ephraim Rowland
13. Birthplace..... Wales 4
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Dee
15. Birthplace..... Wales 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Zinge
(b) Address Spokane, Wash.

17. (a) Burial (b) Date thereof 9/16/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bevier, Mo.

18. (a) Signature of funeral director Ellen H. Hines
(b) Address MACON, MO.

19. (a) 10/16/48 (b) Ruth McNeely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO. (b) County MACON 61
(c) City or town Bevier 1
(If outside city or town limits, write "RURAL") 0
(d) Street No..... (If rural, give location) 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17
year 1948 hour 1:25 minute 9 P.M.

21. I hereby certify that I attended the deceased from July 1, 1948 to Sept 17, 1948
that I last saw him alive on Sept 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Natural infarction of
old age

Due to.....

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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

23. Signature H. H. Hines (M. D. or other)
Address MACON Date signed 9/18/48

Duration

See
sym.

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 10-48-1788
Date Filed OCT 14 1948

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 _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Albert H. Hinner

Licensed Embalmer No. _____

737

P. O. Address _____

Maam NC

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.