

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7556
Registration District No. _____ Primary Registration District No. 6131 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Terisita Mo
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community 8 Years
(years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Shannon 10/1
(c) City or town Terisita Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lola Rowe
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 29th
year 1947 hour 6 minute a M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb, 2nd 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
53 11 27 hr. min.

Immediate cause of death _____
Due to Killed in cyclone

9. Birthplace Jackson Co., Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation housework

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

MOTHER FATHER

11. Industry or business _____
12. Name Creed H Cahill
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lena Mulkey
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following: 10/1
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant Zena Fairfield
(b) Address Chicago Ill
17. (a) Burial (b) Date thereof Feb 1 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove Cem
18. (a) Signature of funeral director John F. ...
(b) Address Mountain View, Mo
19. (a) 1/14/47 (b) Mabel ...
(Date received local registrar) (Registrar's signature)

23. Signature Frank ... (M. D. or other) ...
Address _____ Date signed 1-30-47

WRITE PLAINLY--USE 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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Joe R. Luskman

Licensed Embalmer No. 4325

P. O. Address Mountain View 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.