

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

6969  
 Do not use this space.

DEC'D MAR 15 1939

**1. PLACE OF DEATH**

(a) County Laclede Registration District No. 449  
 (b) Township \_\_\_\_\_ Primary Registration District No. 267 Registered No. \_\_\_\_\_  
 (c) City Lebanon (d) Street No. Wallace Memorial Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** John Wesley Cowan

(a) Residence, No. CROCKER - 1110 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie Cowan.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 1 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Night Watchman  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) Feb. 17, 1939. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Crocker Pulaski Co. Mo.

FATHER 13. NAME Samuel Cowan.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER 15. MAIDEN NAME Eliza Cole  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. John Robertson (ADDRESS) Crocker, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Cem. DATE Feb. 23, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. L. HOOPS & SONS, Crocker, Mo.

20. FILED 2-27-39 Ja McComb Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1939 to Feb. 21, 1939  
 I last saw him alive on Feb. 21, 1939. Death is said to have occurred on the date stated above, at 11:40 a.m.  
 The principal cause of death and related causes of importance were as follows:

Fractured skull  
Fractured femur - left  
 Date of onset Feb 17

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Clinical findings Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury: Feb. 17, 1939.  
 Where did injury occur? Crocker, Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Auto hit by rail car  
 Manner of injury Fractured femur (left)  
 Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ (Signed) Amundson M. D.  
 (Address) Lebanon, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No.

District File Number 7-39-46

Date Filed 3-14-39

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**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

*Paul B. Hooper*

Licensed Embalmer No..... 3261.....

P. O. Address C. Rocker, 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, above space should be left blank.