

1939 MAY 16

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

14653  
Do not use this space.

1. PLACE OF DEATH Clinton 2  
(a) County ..... Registration District No. 204  
(b) Township 1 ..... Primary Registration District No. 3013  
(c) City Cameron ..... (d) Street No. 526 South Walnut ..... Registered No. 23  
(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 Buna Vista Cousins  
(a) Residence, No. 526 South Walnut St. ..... St.  ..... (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John M Cousins.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1865  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 3 0  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
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) ..... 11. Total time (years) spent in this occupation .....  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co. Mo.  
13. NAME W. B. Owen  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.  
15. MAIDEN NAME Nancy Jane Lewis.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.  
17. INFORMANT (ADDRESS) A. L. Joseph mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Graceland. DATE Apr. 23, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Poland  
Cameron  
20. FILED Apr. 22<sup>nd</sup> 1939 A. L. Joseph  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 22, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1939, to Apr 22, 1939  
I last saw h. as alive on April 21, 1939. Death is said to have occurred on the date stated above, at 12<sup>40</sup> a. m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of rectum  
Date of onset  
Other contributory causes of importance:  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) W. K. Jones M. D.  
1939 (Address) Cameron, 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. 181

District File Number

39-467

Date Filed

MAY 8 1939

**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, .....

*A. H. Doolen*

....., or by .....

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

Signed

*Arthur H. Doolen*

Licensed Embalmer No.

4032

P. O. Address

*Cameron, 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.**