

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1331 Benton Blvd. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 48 Years
years, months or days)

8. (a) PRINT FULL NAME George Robert Cowan 500

8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Josephine M. Cowan 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January 23 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>1</u>	<u>5</u>	hr. _____ min.

9. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Employee

11. Industry or business Western Union Telegraph Co.

12. Name George Robert Cowan

18. Birthplace Utica New York
(City, town, or county) (State or foreign country)

14. Maiden name Mackay

15. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Cowan

(b) Address 1524 Benton Blvd.

17. (a) Burial (b) Date thereof March 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. T. Huwcomis

(b) Address 1401 Brush Creek Blvd.

19. (a) Mch 1, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1524 Benton Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1940 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from Feb. 28 1940 to Feb. 28 1940
that I last saw him alive on Feb. 28 1940
and that death occurred on the date and hour stated above.

Immediate cause of death 23

Due to Hemorrhage from lungs

Due to Tuberculosis of lungs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature B. A. Bowman (M. D. or other)

Address 1335 Rialto St. Date signed _____

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

Dr. Bush Hoosier
1225 Realto Bldg.
12:30 - 3:30

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

Kenneth Page Pipe

Licensed Embalmer No.

4128

P. O. Address

1309 Brush Creek K.C. 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.