DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11157

Registration District No. 388

Primary Registration District No. 5549

Registrar's No. 2

1. PLACE OF DEATH:

(a) County: Howell

(b) ~~City or town~~: RURAL Sisson Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NO. Pomona, Mo. Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Howell

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Sisson Twp. Pomona, Mo., Rt. #1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: THOMAS WARREN COWAN 560

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Nettie Robert Hall

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: July 13, 1873 (Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace: Pike County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: 0

FATHER
12. Name: Joseph Cowan
13. Birthplace: Unknown Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Jenny Hudson
15. Birthplace: Unknown Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Maude Donahue
(b) Address: Pomona, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 24, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Mackey Cem. Howell Co., Dry Creek Twp.

18. (a) Signature of funeral director: Hal Hollingsworth
(b) Address: West Plains, Missouri

19. (a) March 25 1940 (Date received local registrar) (b) Mrs Pearl Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1940 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 11, 1939 to Mar 22 1940 and that I last saw him alive on 3-20 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Hypertensive Heart Disease	2 yrs.
Due to:	
Due to:	
Other conditions: Chronic Myocarditis (Include pregnancy within 3 months of death)	2 yrs.

Major findings:
Of operations: ____
Of autopsy: ____

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

23. Signature: E. Royce Bohon (M. D. or other) M.D.
Address: West Plains, Mo Date signed 3-23-40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

I X19511

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, XXXX

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

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 440 470

Date Filed 4/1/40

Signed Hal Thornburgh

HAL THORNBURGH

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.