

Registration District No. **920**

Primary Registration District No. **5858**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County ozark
 (b) City or town ocie rural Rigree
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether
 In this community 2
years, months or days)

8. (a) PRINT FULL NAME Theodora M. Cowin 500

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 10 1921
(Month) (Day) (Year)

8. AGE: Years 18 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Longrun, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name John A. Cowin

13. Birthplace Texas
(City, town, or county) (State or foreign country)

14. Maiden name Thornten Addie

15. Birthplace Leadhill, Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Thomas Cowin
 (b) Address Ocie, Mo.

17. (a) Burial (b) Date thereof: 3 17 40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation protom

18. (a) Signature of funeral director _____
 (b) Address Ava, Missouri

19. 3/18-40 (b) Mary H. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
 year 1940 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

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? _____

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

23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

77

9-1 X21492

APR 23 1940

RECEIVED

District Health Officer No. 6,

District File Number 440-976

Date Filed APR 8 1940

184
49

Ocie, Mo.
March 16, 1940

I, J. W. Jones J.p., after
inquirey in to the cause of
the death of Theodore Cowin
find that his death was caused
by gun shot by accident and
give the undertaker the authority
to move the body for burial.

J. W. Jones
Justice of the Piece of
Ozark County, Missouri.

Paste on back

I hereby certify that the body whose name is _____ by _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 11913Registration District No. 920Primary Registration District No. 5858Registrar's No. 2

1. PLACE OF DEATH:

(a) County Ogden
(b) City or town Big Creek, Ia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether

In this community _____
years, months or days)3. (a) PRINT FULL NAME Theodosis M. Couin3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex m 5. Color of
race w6. (a) Single, widowed, married,
divorced _____6. (b) Name of husband or wife _____
6. (c) Age of husband, or wife, if
alive _____ years7. Birth date of deceased _____
(Month) (Day) (Year)8. AGE: Years 18 Months 10 Days 28
If less than one day _____ hr. _____ min.9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Mary H. Johnson
(Date received local registrar) (Registrar's signature)Theodosis M.

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits write "RURAL")(d) Street No. _____
(If rural, give location)

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Due to N. M. D.Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
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should be
charged sta-
tistically.

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(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence March 16 - 40(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?

no medical aid
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Mary H. Johnson (M. D. or other)Address Theodosis Date signed 3/18/40

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

11913 (1940)