

REV. 5-17-30 I X1951

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.

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH		State File No. 21482	
Registration District No. 1111 3286/65		Primary Registration District No. 5234		Registrar's No. 33	
1. PLACE OF DEATH: (a) County <u>Cedar</u> (b) City or town <u>Stockton, Mo Rural - Wash.</u> (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 <u>2</u> (Specify whether years, months or days) In this community <u>Most of life</u>			2. USUAL RESIDENCE OF DECEASED: (a) State <u>Missouri</u> (b) County <u>Cedar</u> (c) City or town <u>Rural -</u> (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.		
3. (a) PRINT FULL NAME <u>Arthur L. Cowan</u> 3. (b) If veteran, _____ 3. (c) Social Security _____ name war _____ No. _____			MEDICAL CERTIFICATION 20. DATE OF DEATH: Month <u>June</u> day <u>24</u> year <u>1940</u> hour <u>2:45</u> minute <u>4</u> M.		
4. Sex <u>Male</u> 5. Color or race <u>W.</u> 6. (a) Single, widowed, married, divorced <u>M</u> 6. (b) Name of husband or wife <u>Ella Cowan</u> 6. (c) Age of husband or wife if alive <u>56</u> years 7. Birth date of deceased <u>Feb. 24 - 1874</u> (Month) (Day) (Year)			21. I hereby certify that I attended the deceased from <u>May 1940</u> to <u>June 24, 1940</u> that I last saw him alive on <u>June 22, 1940</u> and that death occurred on the date and hour stated above. Immediate cause of death _____ Duration _____ <u>Coronary Atherosclerosis</u> Due to <u>Arterio Sclerosis</u> Due to <u>Disease</u> Other conditions <u>Branchial Thrombosis</u> (Include pregnancy within 3 months of death) Major findings: _____ Of operations _____ Of autopsy _____ PHYSICIAN _____ Underline the cause to which death should be charged statistically.		
8. AGE: Years <u>66</u> Months <u>4</u> Days _____ If less than one day _____ hr. _____ min.			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) _____ While at work? _____ (e) Means of injury _____		
9. Birthplace <u>Dade County</u> (City, town, or county) (State or foreign country) 10. Usual occupation <u>Farming</u> 11. Industry or business _____			23. Signature <u>James H. Smith</u> (M. D. or other) <u>MD</u> Address <u>Stockton Mo</u> Date signed <u>6-24-40</u>		
MOTHER FATHER 12. Name <u>William R. Cowan</u> 13. Birthplace <u>Dade County</u> (City, town, or county) (State or foreign country) 14. Maiden name <u>Armina Cavlock</u> 15. Birthplace <u>Dade County</u> (City, town, or county) (State or foreign country) 16. (a) Informant's own signature <u>W. L. Cowan</u> (b) Address <u>Stockton, Mo</u> 17. (a) Burial <u>Prarie</u> (b) Date thereof <u>6-25-40</u> (Burial, cremation, or removal) (Month) (Day) (Year) (c) Place: burial or cremation <u>Prarie</u> 18. (a) Signature of funeral director <u>H. C. Harris</u> (b) Address <u>Stockton, Mo</u> 19. (a) Only if received local registrar (b) <u>Miss Minnie Carleton</u> (Registrar's signature)					

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address STOCKTON, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21482

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 161

Primary Registration District No. 5234

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Cedar
(b) City or town Frank, T.P.
(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

Arthur L. Cowan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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 _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) July 1 (b) Mrs Minnie Carleton
(Date received local registrar) (Registrar's signature)

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

20. DATE OF DEATH

Month June day 24
year _____ hour _____ minute _____ 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? _____

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

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTAL

