

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 90

1. PLACE OF DEATH:
(a) County PHELPS
(b) City or town ROLLA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution NELLE McFARLAND
(If not in hospital, institution, or other place, give location)
(d) Length of stay: In hospital or institution 3 MO.
(Specify whether years, months or days)
In this community THREE MONTHS

8. (a) PRINT FULL NAME ROBERT BOWIE COWAN SR
3. (b) If veteran, name war NO 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife SALLY J. COWAN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 29 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 0 28 hr. min.

9. Birthplace PHELPS CO. MO
(City, town, or county) (State or foreign country)

10. Usual occupation PHYSICIAN

11. Industry or business _____

MOTHER FATHER { 12. Name ROBERT B. COWAN SR
13. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name SUSANNA B. ENOX
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature David Cowan
(b) Address Rolla MO

17. (a) BURIAL (b) Date thereof JULY 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EDGAR SPARKS, MO
(d) Signature of funeral director Edgar Sparks
(e) Address 708 Olive Rolla MO

19. (a) July 28, 1940 (b) Joe W. Myers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County PHELPS
(c) City or town Edgar Spgs
(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 40
20. DATE OF DEATH: Month July 27 day _____
year _____ hour _____ minute 10:30 P.M.

21. I hereby certify that I attended the deceased from May 29
1940 to July 27 1940
that I last saw him alive on July 27
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis
Duration _____

Due to _____
Due to 1721
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None
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 _____

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 _____

23. Signature Joe W. Myers (M. D. or other) _____
Address Newburg MO Date signed 7-28-40

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. 5,

District File Number 840854

Date Filed _____

JUN 5 1942

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 _____

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.