JAN 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43996

Registration District No. 792 Primary Registration District No. 6038 Registrar's No.

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Napton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)

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

In this community: In Saline County 2

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No.: Rural (If rural, give location)

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

3. (a) PRINT FULL NAME: George William COWAN

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: Married

6. (b) Name of husband or wife: Jennie Cowan

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: May 23 (Month) (Day) 1859 (Year)

8. AGE: Years 81 Months 7 Days 4 If less than one day 5 hr. 15 min.

9. Birthplace: Salina City (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business: Carpenter

FATHER 12. Name: William Cowan

FATHER 13. Birthplace: Salina City (City, town, or county) Mo (State or foreign country)

MOTHER 14. Maiden name: Mary Horton

MOTHER 15. Birthplace: Salina City (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature: Jennie Cowan

(b) Address: Nelson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 29 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Nelson

18. (a) Signature of funeral director: Donald H. Short

(b) Address: Marshall Mo.

19. (a) 1-5-1940 (Date received local registrar) (b) R. L. Lawlers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1940 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from April 14, 1940 to Dec 14, 1940 that I last saw him alive on Dec 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis — Duration 14 days

Due to: Age 14 / 194 Coronary Thrombosis

Due to: Kidney & Liver complications

Other conditions (Include pregnancy within 3 months of death): 94 B

Major findings: Of operations: X

Of autopsy: X

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): X

(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? No

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

23. Signature: R. W. Stouffer (M. D. or other)

Address: Nelson Mo. Date signed 12/28/40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 6-17-39 I X19511

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.

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

RECEIVED
District Health Officer No. 8
Date Filed 1-14-41

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 Donald W. Short, Registered Apprentice No. ....., working under my personal supervision.

Signed Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall Mi

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.