

REG MAR 14 1941

Registration District No. 397

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Sophian Plaza RESIDENCE 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NONE  
(Specify whether years, months or days)  
In this community 2.0 YEARS

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. Sophian Plaza  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MRS. ROSA RUHL COWDEN  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month FEB. day 22  
year 1941 hour 6 A minute  M.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife D.W. COWDEN 6. (c) Age of husband or wife if alive 86 years  
7. Birth date of deceased (Month) 3 (Day) 29 (Year) 1856

21. I hereby certify that I attended the deceased from 1931 to Feb. 22, 1941  
that I last saw her alive on Feb. 21 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>23</u>	hr. min.

Immediate cause of death Broncho Pneumonia  
Due to Cerebral Arteriosclerosis

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

Due to 11/10  
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation AT HOME  
11. Industry or business  
12. Name CORNELIUS RUHL  
13. Birthplace OHIO  
(City, town, or county) (State or foreign country)

Major findings: Of operations ✓  
Of autopsy ✓  
PHYSICIAN 107  
Underline the cause to which death should be charged statistically.

14. Maiden name VAN DYKE ANN RUHL  
15. Birthplace OHIO  
(City, town, or county) (State or foreign country)  
16. (a) Informant Jay R. Cowden  
(b) Address 2040 W. 69 St., R.C. Mo  
17. (a) BURIAL (b) Date thereof 2-24-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation SALINA KANSAS  
18. (a) Signature of funeral director Stine & McCluskey U. Co.  
(b) Address 3235 Gillham Plaza R.C. Mo.  
19. (a) 2/23/41 (b) M. M. Grome  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury  
23. Signature [Signature] (M. D. or other)  
Address 1166 1/2 St. R.C. Mo. Date signed 2/2/41

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

118  
338

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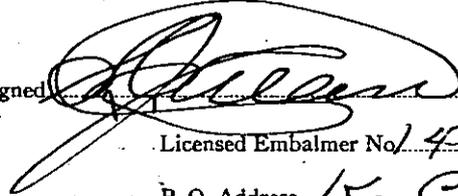
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**STATEMENT BY LICENSED EMBALMER**

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. 1413

P. O. Address K. C. ...

**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, fact should be so stated above.**