No. 2
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5-17-39
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FILED MAR 24 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7069

Registration District No. 14 Primary Registration District No. 5496 Registrar's No. 6

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

42
0
0

1. PLACE OF DEATH:
(a) County Henry
(b) ~~City or town~~ Rural, Windsor Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. F. D. # 4
(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)

2. USUAL RESIDENCE OF DECEASED: 42
(a) State Missouri (b) County Henry
(c) City or town Rural, Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Robert Lewis McCown
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased February (Month) 6 (Day) 1941 (Year)

8. AGE: Years	Months	Days	If less than one day
		5	____ hr. ____ min.

9. Birthplace Windsor (City, town, or county) Missouri (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
FATHER
12. Name Elzie McCown
13. Birthplace Brownington (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Helen McDonald
15. Birthplace Windsor (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Elzie McCown
(b) Address Windsor, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri
18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri
19. (a) 2-12-41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
year 1941 hour 8:00 p m minute ____ M.
21. I hereby certify that I attended the deceased from Feb 6 1941 to Feb 19 1941
that I last saw him alive on Feb 11 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Atelectasis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 ____
(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 ____
23. Signature [signature] (M. D. or other)
Address Windsor Mo Date signed 2-12-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 3-41-565
Date Filed 3-21-41

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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Ellen M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.