

Registration District No. 89

Primary Registration District No. 5131

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town RURAL Poplar Bluff
(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 MARY LOUISA COWARD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JAMES HARRIS COWARD 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCT 2 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name W^m FOUNTAIN OSBORNE

13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

14. Maiden name AMERICA FREEMAN

15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lorena Mae Coward

(b) Address Rt 1, Poplar Bluff Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR 28 1941 (Month) (Day) (Year)

(c) Place: burial or cremation THREE SPRING CEM.

18. (a) Signature of funeral director V. T. Phelps

(b) Address Poplar Bluff Mo

19. (a) 4/30/41 (Date received local registrar) (b) V. T. Phelps (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER R12
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. 6 Mi. N.W. POPLAR BLUFF MO (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 27 year 1941 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from did not attend pt. 19____, to 19____, that I last saw him alive on _____, and that death occurred on the date and hour stated above.

Immediate cause of death Injurious change - probably myocardial insufficiency

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) _____ (e) Means of injury _____
23. Signature F. B. [unclear] MO (County Physician) (M. D. or other)
Address Poplar Bluff, Mo. Date signed 4/28/41

Duration _____
Underline the cause to which death should be charged statistically

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

Rev. 5-17-39

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. 2,

District File Number 541-639

Date Filed 5/14/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

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

Signed N. J. Phelps

Licensed Embalmer No. 3231

P. O. Address Asplen Blewino

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.