

FILED MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14665

Registration District No. 334

Primary Registration District No. 4197

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County HARRISON

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

(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 FANNIE COWTER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband HENRY 6. (c) Age of husband or wife if _____

7. Birth date of deceased: 2 26 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>1</u>	<u>15</u>	hr. min.

9. Birthplace DAYLESS Co., MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business _____

12. Name LAFAYETTE IDDINGS

13. Birthplace DO NOT KNOW
(City, town, or county) (State or foreign country)

14. Maiden name NANCY HESLEP

15. Birthplace DO NOT KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant Oruo Cowter

(b) Address Bethany, Mo.

17. (a) BURIAL (b) Date thereof 4/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLEASANT RIDGE

18. (a) Signature of funeral director S. M. Hays

(b) Address Bethany, Mo. 302

19. (a) 4/16/41 (b) A. B. Swearingin
(Date received local registrar) (Registrar's signature)

By J. M. Swearingin
(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON

(c) City or town BETHANY
(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

20. DATE OF DEATH: Month 4 day 11
year 1941 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 29, 1941, to April 11, 1941, that I last saw her alive on April 11, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Basal Carcinoma Duration 6 mos

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 11

23. Signature By Reid (M. D. or other) D.O.

Address Bethany, Mo. Date signed 4-14-41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Thornton H. Hass*

Licensed Embalmer No..... *2861*

P. O. Address..... *Bethany, Mo.*

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.