

17
1944
FIFTEEN OCT 21

Registration District No. 2

Primary Registration District No. 5-11x ✓

State File No. _____
Registrar's No. 10

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Rural RFD Harrisburg Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether)
 In this community Life HARRISBURG
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town RFD Harrisburg Mo.
(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.? 0 years.

3. (a) PRINT FULL NAME LAURA PARTING COWDEN

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

4. Sex Female 5. Color of race White
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 5-17-1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Boone Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Vardaman Level

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

14. Maiden name Mary Ann Murray

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

16. (a) Informant Ralph Coffman

(b) Address Harrisburg Mo.

17. (a) Burial (b) Date thereof 9-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem

18. (a) Signature of funeral director Parkes

(b) Address Columbia Mo.

19. (a) Sept 17, 41 (b) Mrs H Gullett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 16
 year 1941 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from 1-10-38, 19____, to 9-16-, 1941;
 that I last saw her alive on 9-16, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Regurgitation
 Due to of heart
 Due to _____

Other conditions Respiritis
(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) (Means of injury)
 23. Signature H Gullett (M. D. or other) _____
 Address Harrisburg Mo Date signed 9-17-41

Duration
2 yr
2 yr
 PHYSICIAN

 Underline the cause to which death should be charged statistically.

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

16
00
0

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 W. A. Vandeventer
Licensed Embalmer No. 21794
P. O. Address Columbia, 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.

Registration District No. 75

Primary Registration District No. 5114

Registrar's No.

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Harsingburg R.F.D.
(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 Laura P. Cowden

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

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

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

7. Birth date of deceased 5 17 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days _____ (If less than one day, in _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 16 Year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to Central Regurgitation of heart

Due to _____

Other conditions nephritis Chronic
(Include pregnancy within 3 months of death)

Major findings: Of operations 1316

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) _____

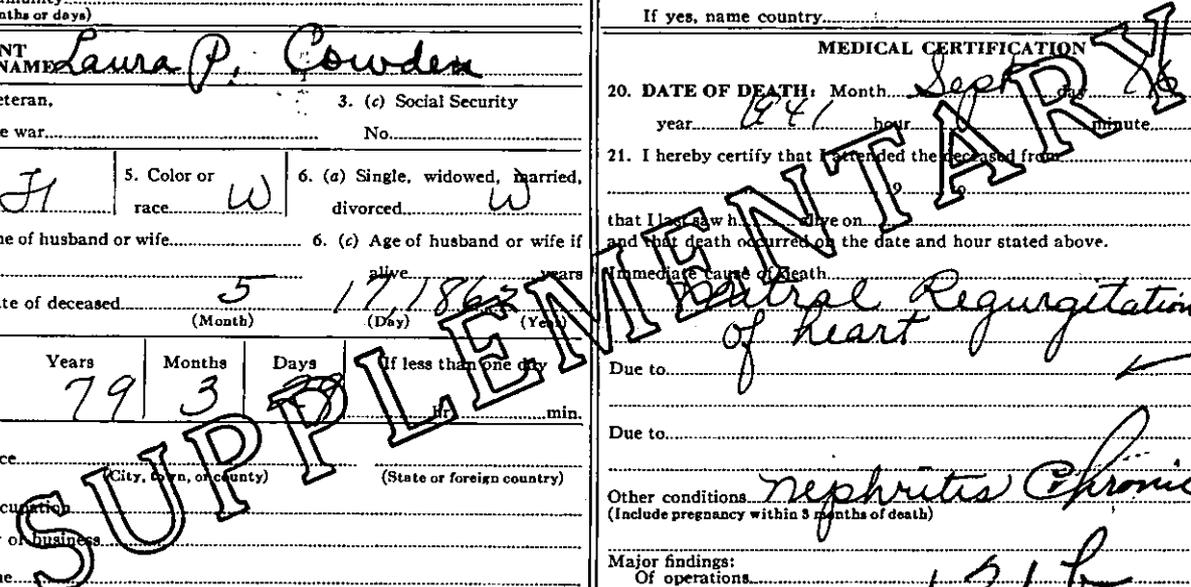
(b) Date of occurrence _____

(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 _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____



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

1941
S-30972