

DEC 12 1941
Registration District No. **796**

Primary Registration District No. **6039**

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall "rural" (Twp.)
(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 1 (Specify whether)

In this community 20 yrs
years, months or days

3. (a) PRINT FULL NAME NANCY JANE COWEN

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

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

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

7. Birth date of deceased: June 19 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>4</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Home wife

11. Industry or business _____

MOTHER FATHER

12. Name Geo. R. King

13. Birthplace Clattonsville Tenn!
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Taylor

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

16. (a) Informant Mrs. E. R. Dickerson

(b) Address Richfield Wis.

17. (a) Burial (b) Date thereof Nov - 7 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheatland Mo.

18. (a) Signature of funeral director Harry Hershberger

(b) Address Marshall Mo

19. (a) 11-6-41 (b) Op
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 097

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

(d) Street No. 561 W Morgan
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1941 hour 9:55 minute AM

21. I hereby certify that I attended the deceased from Sept 22nd
1941 to Nov 5 1941
that I last saw her alive on Nov 5th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Serum

Due to _____

Due to 336

Other conditions A. Line Infection
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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)

23. Signature Dr. L. E. Busby (M. D. occupation) 0
Address Marshall Mo Date signed 11-6-

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed

12-10-41

A

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.....

P. O. Address.....

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.