No. 2
—1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41367

DEC 29 1941 78
Registration District No.

Primary Registration District No. 4046

Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County: Boone

(b) City or town: Rocheport Twp

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

(c) Name of hospital or institution: At Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community: 71 Yrs. 11 Mos. 0 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone 10

(c) City or town: Rocheport, 0

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

(d) Street No.: Main Street 0

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Joseph A. Cowden

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Helen Cowden

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: Dec. 16, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	11	0	hr. min.

9. Birthplace: Howard County, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation: Retired Mailman

11. Industry or business: U. S. A. Goverment

FATHER
12. Name: Campbell Cowden
13. Birthplace: Howard County, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Eliza Rice
15. Birthplace: Howard County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Helen Cowden

(b) Address: Rocheport, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 19/1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Rocheport, Cemetery

18. (a) Signature of funeral director: L. J. Meiste

(b) Address: Boonville, Missouri

19. (a) 11/28/41 (Date received local registrar) (b) Mary M Angell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16th, year 1941 hour 1.40 minute A M.

21. I hereby certify that I attended the deceased from Nov 9 — 1941 to Nov 16 — 1941 that I last saw him alive on Nov 15 — 1941 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Lobar Pneumonia

Due to: Influenza

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 33 b

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? Means of injury:

23. Signature: H E Angell (M. D. or other)

Address: Rocheport Mo Date signed Nov 20/41

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(Licensed Embalmer's Statement on Reverse Side)

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 C. L. Fielands

Licensed Embalmer No. 1399

P. O. Address Higbee 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.