

Registration District No. 696

Primary Registration District No. 4418

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution: Home of Seng Hts
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 12 years

In this community _____

3. (a) PRINT FULL NAME William C. Cowan

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Josie Finley

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

7. Birth date of deceased Apr. 1 1-1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>3</u>	<u>19</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Wm. Cowan

18. Birthplace Peoria
(City, town, or county) (State or foreign country)

14. Maiden name Wideman

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

16. (a) Informant's own signature Philip Cowan

(b) Address 123 Liberty St. Mo.

17. (a) Burial (b) Date thereof July 21 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo.

18. (a) Signature of funeral director Charles G. Arthur

(b) Address Liberty Mo.

19. (a) July 20-42 (b) Mrs. Clara Gifford
(Received legal registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Platte City
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1942 hour 10 minute 10 M.

21. I hereby certify that I attended the deceased from 1, 1942, to July 19, 1942
that I last saw him alive on July 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12 hours

Due to Atherosclerosis 10 years

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) _____
Cause of injury _____

23. Signature Philip Kellan (M. D. or other) M.D.
Address Platte City, Mo. Date signed 7/20/42

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

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. Platte
District File Number 8-42-61...
Date Filed 8-10-42...

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 Edgar Archer.....

Licensed Embalmer No. 3311.....

P. O. Address Liberty, 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, above space should be left blank.