S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN - 8 1943

Registration District No. 277

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41630

Primary Registration District No. 5948

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: 1 (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 St. Urain years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Ashley 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Emma St-Urain

3. (b) If veteran, name war X

3. (c) Social Security No. none

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife William St. Urain

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

7. Birth date of deceased June (Month) 15 (Day) 1862 (Year)

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace Montgomery Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Post Mistress

11. Industry or business

FATHER
12. Name John Cowan
13. Birthplace Dont know 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cynthia Nichols
15. Birthplace Mont. Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Clements Warner

(b) Address Bowling Green Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 19 (Day) 1942 (Year)

(c) Place: burial or cremation Ashley Mo.

18. (a) Signature of funeral director Grace Banfhead

(b) Address Bowling Green Mo.

19. (a) Dec. 30 42 (Date received local registrar) (b) Mrs Frank Gordon (Registrar's signature)

1148

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th. year 1942 hour 9:30 minute AM. M.

21. I hereby certify that I attended the deceased from April 1st. 1937 to Dec. 18th. 1942; that I last saw her alive on Dec. 18th. 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis

Due to —

Due to —

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

Major findings Of operations none

Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature James R. Briggs, M.D. (M. D. or other)

Address Bowling Green Mo. Date signed 12/18/42

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1943

RECEIVED
District Health Officer No. 10
District File Number 1-43-8
Date Filed Jan. 6-1943

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 Chester B. Ford

Licensed Embalmer No. 3044

P. O. Address Bowling Green, 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.