S-42
17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILE JAN 26 1943

Registration District No. 393

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3831

Primary Registration District No. 6267

Registrar's No. 49 50

1. PLACE OF DEATH:
(a) County: Webster
(b) City or town: Rural - Jackson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: x
In this community: ~~Louisa Cald~~ life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Webster
(c) City or town: Rural - Jackson Township
(If outside city or town limits, write "RURAL")
(d) Street No.: x
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Louisa Caldona Cowen

3. (b) If veteran, name war: x

3. (c) Social Security No.: x

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: James Ervin Cowen

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: August (Month) 29 (Day) - 1874 (Year)

8. AGE: Years 68 Months 3 Days 23 If less than one day: x hr. x min.

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

10. Usual occupation: House wife

11. Industry or business: Home

MOTHER FATHER

12. Name: Ben McElwain

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

14. Maiden name: ~~Unknown~~ Eliza Jane Ellis

15. Birthplace: ~~Unknown~~ Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: William Benjamin Cowen
(b) Address: Elkland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 23-42 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Luke

18. (a) Signature of funeral director: Guy Lanning
(b) Address: Marshfield, Mo.

19. (a) 12/30/42 (Date received local registrar) (b) J. W. Bruce (Registrar's signature)

820

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December Day: 21
year: 1942 hour: 10 minute: A.M.

21. I hereby certify that I attended the deceased from Nov 15, 1942 to Dec 2, 1942 that I last saw him alive on Dec 2, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Interstitial Nephritis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
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? (e) Means of injury:

23. Signature: J. W. Bruce (M. D. or other)
Address: Marshfield Mo Date signed: 12/22/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 143-91
Date Filed 1-24-43

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: Lex Lanny

Licensed Embalmer No. 3312

P. O. Address Mark [illegible]

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.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3831

Registration District No. 323 Primary Registration District No. 6267 Registrar's No. 56

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

1. PLACE OF DEATH:
(a) County: Webster
(b) City or town: Rural
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME: Louisa Caldona Cowen
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: m
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Aug (Month) 29 (Day) 1873 (Year)

8. AGE: Years 68 Months 3 Days 28 If less than one day hr. min.

9. Birthplace: (City, town, or county) Mo. (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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death: Acute Interstitial Nephritis — Duration
Due to: Chronic Nephritis
Due to:
Other conditions (Include pregnancy within 3 months of death): 31 a
Major findings:
Of operations:
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature: J. W. Bruce (M. D. or other)
Address: Springfield Mo. Date signed 12/22/42

SUPPLEMENTARY