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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED JUN 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18703

Registration District No. 275 Primary Registration District No. ~~3058~~ 5942 Registrar's No. 53

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Farm (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community about 60 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Phelps
(c) City or town Rolla, Mo (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Perry Eli McCowan
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Warren McCowan
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May (Month) 5 (Day) 1875 (Year)

8. AGE: Years 68 Months — Days 5 If less than one day — hr. — min.

9. Birthplace Bowling Green (City, town, or county) Ky (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Sydney Eli McCowan
13. Birthplace (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Vertilla Snell
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Gussie Diehr
(b) Address Rolla, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation Arlington Cemetery
18. (a) Signature of funeral director Alfred Smith
(b) Address Rolla, Mo.
19. (a) May 10, 1943 (Date received local registrar) (b) Helen Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1943 hour 11 minute 00 A.M.
21. I hereby certify that I attended the deceased from March 27, 1943 to April 25, 1943 that I last saw him alive on April 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis.	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 fl

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 Sidney Nutter (M.D. or other)
Address Rolla, Mo. Date signed 5/10

(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.....

Licensed Embalmer No. 3643

P. O. Address Cuba, 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.