

FILED JAN 11 1944

Registration District No. 291 Primary Registration District No. 5997

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

1. PLACE OF DEATH:

(a) County PuTnam

(b) City or town RURAL - Wilson Township
(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)

In this community LIFE TIME years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County PuTnam

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

(d) Street No. Wilson Township - Unionville
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME DEMPSIE MONROE COWAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 18
year 1943 hour 9 minute 15 p.m.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife IDA E COWAN 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased DECEMBER - 27 - 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-7-43 to 12-18-43, 1943
that I last saw him alive on 12-16-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 9 days

8. AGE: Years 69 Months 11 Days 21 If less than one day _____ hr. _____ min.

Due Cardio-Vascular Disease?

Due to _____

9. Birthplace PuTnam County Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation FARMER

Major findings: Of operations _____

11. Industry or business FARM

Of autopsy _____

12. Name J. R. COWAN

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

14. Maiden name SYNTHIA ANGEI

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

16. (a) Informant Ida E. Cowan

(b) Address Unionville, Mo.

17. (a) BURIAL (b) Date thereof Dec 20 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Church Cemetery

18. (a) Signature of funeral director Cam Stack FUNERAL HOME

(b) Address Unionville, Mo. By J. W. Comstock

19. (a) 1/4/44 (b) _____
(Date received local registrar) (Registrar's signature)

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) Means of injury _____

23. Signature Arthur Edwards (M. D. or other) _____
Address Unionville, Mo. Date signed 12-21-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number ~~1-44-49~~

Date Filed ~~JAN 10 1944~~

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 James W Somstock

Licensed Embalmer No. 4197

P. O. Address Unionville 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.