

FILED JAN 11 1944
Registration District No. **224**

Primary Registration District No. **3056**

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

1. PLACE OF DEATH:

(a) County **Randolph**
(b) City or town **Moberly**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
521 Woodland
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Randolph**
(c) City or town **Moberly**
(If outside city or town limits, write "RURAL")
(d) Street No. **521 Woodland**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Hena Gowan**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

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

7. Birth date of deceased **May 30th 1866**
(Month) (Day) (Year)

8. AGE: Years **77** Months **6** Days **11** If less than one day hr. min.

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

10. Usual occupation **At home**

11. Industry or business

12. Name **George W. Kent**

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

14. Maiden name **Catherine Gill**

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

16. (a) Informant **Heslie E. Gowan**

(b) Address **Moberly Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec 13th 43** (Month) (Day) (Year)

(c) Place: burial or cremation **Moberly Mo**

18. (a) Signature of funeral director **Mahan and Son**
(b) Address **Moberly Mo**

19. (a) **12-13-43** (Date received local registrar) (b) **Irma Hall** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **11th**
year **1943** hour **5** minute **30** **AM**

21. I hereby certify that I attended the deceased from **Nov** to **Nov**, 19.....

that I last saw him..... alive on....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death **Natural undetermined** Duration

Due to **likely Coronary Thrombosis + Senility**

Due to **Coronary case**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94a**

Of autopsy.....

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) (c) Means of injury **Coronary**

23. Signature **H. G. Gowan** (M. D. or other) **MD**

Address **Moberly Mo** Date signed **12-13-43**

RECEIVED

District Health Officer No. 10

District File Number 1-44-75

Date Recd 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 Francis H. Nutt

Licensed Embalmer No. 3071

P. O. Address Moberly 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.