DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2845

FILED JAN 25 1944

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 20

1. PLACE OF DEATH: GREENE
(a) County
(b) City or town Springfield, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 741 S. Grant (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community 67 Years

2. USUAL RESIDENCE OF DEATH: 39
(a) State Missouri (b) County Greene 2
(c) City or town Springfield, (If outside city or town limits, write "RURAL") 6
(d) Street No. 741 S. Grant (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Ledrew Hamilton Coward
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mannie Coward
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased September (Month) 4, (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
67	4	3	hr. min.

9. Birthplace Springfield, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Superintendent of Schools
11. Industry or business County
FATHER
12. Name Richard Coward
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name Louisa Smith
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Mannie Coward
(b) Address Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 1-8-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th, year 1944 hour 8:15 minute A. M.
21. I hereby certify that I attended the deceased from Oct 9, 1943 to 1-7, 1944 that I last saw him alive on 1/3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sarcoma of shoulder & chest	about 4 mo
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 [illegible] (M. D. or Coroner)
Address Medical Bldg. Springf., Mo. Date signed 1/8/44

984 (Licensed Embalmer's Statement on Reverse Side)

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

AUG 20 1945

APR 3 1

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 Harlow Knobl

Licensed Embalmer No. 4065

P. O. Address Springfield Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.