S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14322

Registration District No. 291

Primary Registration District No. 5988

Registrar's No. 25

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam 86
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Stahl, Missouri
(If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Warnie Grey Cowan
3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mrs Effie Cowan
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Nov 16 (Month) 1883 (Day) (Year)

8. AGE: Years 61 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Putnam County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Henry Cowan
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Martha Collins
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant Ernest Cowan
(b) Address Stahl, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lone Pine Cem.
18. (a) Signature of funeral director F.O. Horsted & Son
(b) Address Unionville Mo
19. (a) 5/3/45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1945 hour 1:30 minute 41 M.
21. I hereby certify that I attended the deceased from March 1st, 1945 to March 26, 1945;
that I last saw him alive on March 26, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma laryngeal	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 47a
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 [signature] (M. D. or other)
Address Kirksville Mo Date signed 4-19-45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-45-821
Date Filed MAY 1-0 1945

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 Murl E Husted

Licensed Embalmer No. 3304

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.