

FILED JUN 19 1945

Registration District No. **317**

Primary Registration District No. **30 09**

Registrar's No. **1537**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Mary's Hospital** *(1)*
(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)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Woodson** *111*

(c) City or town **Yates Center** *7*
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? *0* (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Edward E. Cowan**

3. (b) If veteran, name war **Nil**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**
year **1945** hour **8:30** minute **A.** M.

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Hattie M. Cowan**

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

7. Birth date of deceased **March 5 1866**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **6-8-45** to **6-12-45** 19____
that I last saw him alive on **6-11-45** 19____
and that death occurred on the date and hour stated above.

8. AGE: Years **76** Months **3** Days **7** If less than one day
hr. min.

Immediate cause of death: **Coronary Thrombosis**

Due to: **hypertension arteriosclerosis**

Due to: **vascular disease unknown**

Other conditions (Include pregnancy within 3 months of death): **93d**

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration **1wk.**

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

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **James M. Cowan**

{ 13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Ruth V. Turner**

{ 15. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **R.C. Garrett**

(b) Address **6234 Washington Blvd.**

17. (a) **Removal** (b) Date thereof **6-12-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Yates Center, Kan.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **JUN 13 1945** (b) **E. B. M. Lawrence**
(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 _____

Signature **Wayne D. Smith** (M. D. or other) _____
Address **2733 N. D. Lane** Date signed **6-12-45**

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

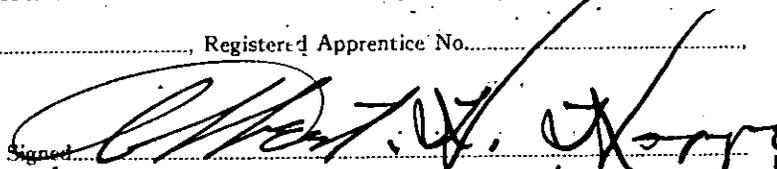
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JUN 29 1945

APR 28 1951

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. 1861

P. O. Address.....

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.