S. No. 2
M—2-43
5-17-39
P I X35697

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

3562

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4537

FILED MAR 5 1946

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. XX 21

1. PLACE OF DEATH:

(a) County Bates

(b) City or town ~~Missouri~~ BUTLER
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 519 No. Fulton /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community Since 1914
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

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

(d) Street No. 519 No. Fulton /
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Sallie Cowley

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Geo. W. Cowley 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased September 5, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	4	29	____ hr. ____ min.

9. Birthplace Cole Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Lisbon A. Wade
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Wyett
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. L. FOLLETTE
(b) Address BUTLER MO

17. (a) Burial (b) Date thereof 2-7/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Culver-Underwood
(b) Address Butler, Missouri

19. (a) 2-7-46 (b) Kendall Kersey
(Date received local registrar) (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
year 1946 hour 1 minute P: M.

21. I hereby certify that I attended the deceased from Jan 15, 1946 to Feb. 5, 1946
that I last saw her alive on Feb 4, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	—
Due to Arteriosclerosis (General)	
Due to	
Other conditions Left Hemiplegia (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy — 93d	

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 Chas A Lush Jr (M. D. or other)
Address Butler, Mo. Date signed Feb 6 '46

(Licensed Embalmer's Statement on Reverse Side)

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.....John G. Anderson

Licensed Embalmer No.....3585

P. O. Address.....Butler Ind.

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.