

FILED MAR 8 1946

Registration District No. *23*

Primary Registration District No. *6261*

State File No. _____

Registrar's No. *1*

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

1. PLACE OF DEATH

(a) County *Webster*
(b) City or town *JORDLAND-PARAL W Benton*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: *Home*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Webster*
(c) City or town *PARAL*
(If outside city or town limits, write "RURAL")
(d) Street No. *WEST BENTON TWP.* (If rural, give location)
(e) Citizen of foreign country? *No* (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME *Estellia Cowan*

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

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

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

7. Birth date of deceased: *AUG - 23 - 1870*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 4 10 hr. min.

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

10. Usual occupation *Housewife*

11. Industry or business _____

12. Name *John W. Smith*

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

14. Maiden name *Ma O M A J McR N N 84*

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

16. (a) Informant *Freda Williams*

(b) Address *JORDLAND, Mo.*

17. (a) *Burial* (b) Date thereof *JAN - 24 - 46*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *JORDLAND CEM*

18. (a) Signature of funeral director *Kelley Fennell*

(b) Address *Home - Jordland, Mo.*

19. (a) *Jan 28 - 46* (b) *Leester W. Good*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *JAN* day *7*
year *1946* hour *9* minute *15 P.M.*

21. I hereby certify that I attended the deceased from *September 12* 19*44* to *January 2* 19*46*
that I last saw *her* alive on *January 2*, 19*46*
and that death occurred on the date and hour stated above.

Immediate cause of death *Pneumo-pneumonia*

Due to *acute myocardial failure*

Due to _____

Other conditions *None*
(Include pregnancy within 3 months of death)

Major findings: Of operations *No operation*

Of autopsy *No 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? _____
While at work? _____ (Specify type of place) (e) Means of injury *L*

23. Signature *A. B. Schultz* (M. D. or other) *DO*

Address *Jordland, Mo* Date signed *1/14/46*

RECEIVED
District Health Officer No. 6,
District File Number 246-190
Date Filed 2-28-46

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 H. H. Kelley
Licensed Embalmer No. 3334
P. O. Address Sumner 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.