

No. 2
-8-13
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED APR 10 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8693

State File No. _____
Registrar's No. 94

Registration District No. 4062 Primary Registration District No. 4062

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Cowgill
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell 13
(c) City or town Cowgill 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Etta Shover
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 20 1864
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Ruben Holman
13. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sultanna Turnage
15. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Swaithes
(b) Address Cowgill, Missouri.

17. (a) Burial (b) Date thereof 2-19-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cowgill Cemetery
Cramer Clark

18. (a) Signature of funeral director Kingston, Missouri.
(b) Address _____

19. (a) 3/5/46 (b) Joan M. C.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb-16 day 16th
year 1946 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 1st 1945 to Feb-16th 1946
that I last saw her alive on Dec. 1st 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition Duration _____

Due to Cerebral Degeneration

Due to Infirmities of age
arterio-sclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations _____

Of autopsy ✓ 97
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 O. Kilbourn (M. D. or _____)
Address Cowgill, MO. Date signed 2/18/46

36

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

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..... *Cramer Clark*

Licensed Embalmer No. *3257*

P. O. Address *Kingston 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.