

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(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 Crawford
(c) City or town Bourbon
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emily Freehove Cowan
(b) If veteran, Nil
name war _____
(c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife William Cowan
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 19 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 3 25 hr. min.

9. Birthplace Bourbon Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Thomas B. Burnette
13. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Nancy R. Russell
15. Birthplace Unknown Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Cloud Cowan
(b) Address Bourbon, Mo.
17. (a) Burial (b) Date thereof 11-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bourbon, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) NOV 12 1946 (Date received by local registrar)
J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 8
year 1946 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from 1500 to 1946
that I last saw her alive on Nov 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia
Duration 3 days
Due to 186
Due to
Other conditions: Pulmonary inf 6 weeks
(Include pregnancy within 3 months of death)

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

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence September 15, 1946
(c) Where did injury occur? Her home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
See Above
(Specify type of place) (e) Means of injury Fall
What at work? Clyde B. Kane
Signature (M. D. or other) Unk
Address 746 Walton Date given 11-14-46

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.....

Elmo R. Cadwell

Licensed Embalmer No. *4077*

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.