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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 8 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9593

State File No. \_\_\_\_\_  
Registrar's No. 88

Registration District No. 146 Primary Registration District No. 5368

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence *Part of*

(c) Name of hospital or institution:  
911 South Wood

(d) Length of stay: In hospital or institution 4 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence *Rural*

(d) Street No. 911 South Wood

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

3. (a) PRINT FULL NAME William E. McCowan

3. (b) If veteran, name war World War I

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1947 hour 10 minute 20 A. M.

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mayme McCowan

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased December 25 1897

21. I hereby certify that I attended the deceased from 3/28 1947 to 3/21 1947 that I last saw her alive on 3/21 and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 2 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Influenza

Due to B. Influenza

9. Birthplace Armstrong, Missouri

Due to Circulatory failure

10. Usual occupation Porter

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

Major findings: Of operations gob

Of autopsy \_\_\_\_\_

16. (a) Informant Mayme McCowan

(b) Address 911 South Wood

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Removal (b) Date thereof 3/26/47

(c) Place: burial or cremation Glasgow, Missouri

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia Avenue

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

19. (a) 3-26-47 (b) Jan. D. [Signature]

23. Signature P. W. Griffin (M. D. or other) M.D.

Address Independence, Mo Date signed 3/22/47

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

MOTHER FATHER

DEC 15 1947

SEP 10 1947

**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 Jerome Mansour  
Licensed Embalmer No. 3994  
P. O. Address. 2503 Highland

**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.**