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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 285

Primary Registration District No. 5976

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Walnut Grove, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Jackson Township
(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 Polk 84
(c) City or town Walnut Grove, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Jackson Township 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME

Jesse Potter Cowan

3. (b) If veteran name was no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rest no.

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

7. Birth date of deceased March 21 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 19 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired farmer.

12. Name John Cowan

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

14. Maiden name Harry Potter

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

16. (a) Informant John T. Cowan

(b) Address Walnut Grove Mo

17. (a) Rural (b) Date thereof March 12-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Cemetery

18. (a) Signature of funeral director Heyle A. Bern

(b) Address Walnut Grove, Mo

19. (a) 3-12-1947 (b) Lillie Fruege
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1947 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Mar 7, 1947 to Mar 7, 1947
that I last saw him alive on Mar 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Shock from exposure from staying from room
Due to Extreme weakness from age and mal nutrition
Duration 1 hour

Due to.....
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy None 162B
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 0

23. Signature B. B. Kirby (M. D. or other)
Address Dedeville, Mo. Date signed 3/12/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 2-47-243
Date Filed 3-17-47

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 Ray Miller, Registered Apprentice No. 459 working under my personal supervision.

Signed Gene A. Birn
Licensed Embalmer No. 2664
P. O. Address Walnut Grove, 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.

Registration District No. 285

Primary Registration District No. 5976

1. PLACE OF DEATH:

(a) County Polk, Mo.
(b) City or town Walnut Grove Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME Jesse P. Cowan

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

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

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

7. Birth date of deceased march 21 1884
(Month) (Day) (Year)

8. AGE: Years 64 Months _____ Days _____ (Unless than one day)
hr. _____ min. _____

9. Birthplace Blade Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired Farmer

12. Name John Cowan

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

14. Maiden name Nancy Potter

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

16. (a) Informant Lack L. Cowan

(b) Address Walnut Grove, Mo.

17. (a) Burial (b) Date thereof 3 12 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rice Cemetery

15. (a) Signature of funeral director Gene A. Grim

(b) Address Walnut Grove, Mo.

19. (a) march 12 1947 (b) Lillie Frisge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Walnut Grove, Mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Jackson Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from March 7th 1947, to March 7th 1947; that I last saw him alive on March 7th 1947; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Shock from exposure from a stray ray from room from extreme weakness from age and malnutrition
Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy none

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) (c) Means of injury _____

23. Signature B. B. Kirby (M. D. or other) _____

Address Wadeville, Mo Date signed 3/12/47

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

MOTHER FATHER

INTENT TO BURY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

10345