

FILED AUG 25 1947

Registration District No. **28**

Primary Registration District No. **3048**

Registrar's No. **157**

1. PLACE OF DEATH:

(a) County **Iowa** **Wodaway**  
(b) City or town **Maryville Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Francis Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **18 days**  
In this community **Life**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Worth**  
(c) City or town **Sherdian**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Frances Ann Cowen**

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

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

6. (b) Name of husband or wife **Charles Cowen** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **December 19 1880**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **6** Days **28** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **House wife**

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

12. Name **Benjamin Alexander Wilson**

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

14. Maiden name **Susan Jane Rush**

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

16. (a) Informant **Alou Anders**

(b) Address **Sherdian Mo**

17. (a) **Burial** (b) Date thereof **July 19 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sheridan Cemetery**

18. (a) Signature of funeral director **Frank C. Dunfee**

(b) Address **Frank City, Mo.**

19. (a) **7/29/47** (b) **Bess Holtz**  
(Date registered local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **July** day **17th**  
year **1947** hour **9** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **June 30th** 1947 to **July 17th** 1947;  
that I last saw her alive on **July 17th** 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **1 day**

Due to **General Arteriosclerosis not known**

Due to \_\_\_\_\_

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

Major findings: Of operations **g. d. A.**

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

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 **J. A. Blacmer** (M. D. or other) \_\_\_\_\_  
Address **Maryville Mo** Date signed **7/29/47**

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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 John C. Duffee

Licensed Embalmer No. 3252

P. O. Address Leant City 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.