

26789

State File No. _____
 Registrar's No. 1071

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 6316 Carnegie St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6316 Carnegie St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOAN COWART
 3. (b) If veteran, name war None
 3. (c) Social Security No. None
 4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased June 9, 1873
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 4, year 1947 hour 3 minute 30 a. M.
 21. I hereby certify that I attended the deceased from June 1-4 1947
 19 to 9-3-47 1947
 that I last saw him alive on 9-3-47
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis
 Duration 2 days
 Due to: Generalized Arteriosclerosis 5 years

8. AGE: Years 74 Months 2 Days 26 If less than one day hr. min.
 9. Birthplace Birmingham, Alabama (City, town, or county) (State or foreign country)
 10. Usual occupation Retired farmer
 11. Industry or business None
 12. Name David Franklin Cowart
 13. Birthplace Unknown, Alabama (State or foreign country)
 14. Maiden name Ida M. Reeves (State or foreign country)
 15. Birthplace Unknown, Alabama (State or foreign country)
 (City, town, or county) (State or foreign country)
 16. (a) Informant Bryan Cowart (son)
 (b) Address 27 E. Valley St., City
 17. (a) Burial Memorial Park Cemetery (b) Date thereof 9/6/47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation
 18. (a) Signature of funeral director [Signature]
 (b) Address 6054 Pryor Ave., City
 19. (a) 9-5-47 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 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) (a) Means of injury 2
 23. Signature Ben H. Riles (M. D. or other) DO
 Address 6207 Rensselaer Date signed 9-4-47

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

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

JAN 23 1948

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.....

Roland W. Clark

Registered Apprentice No. *503*

working under my personal supervision.

Signed.....

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.