

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 10 1947

Registration District No. 104

Primary Registration District No. 4200

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Ash Grove, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Family Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME A. I. Cowthorne

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, widower

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

7. Birth date of deceased: (Month) 6 (Day) 14 (Year) 1965

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>2</u>	<u>18</u>	hr. _____ min _____

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

10. Usual occupation La boxer Retired

11. Industry or business Ash Grove Lumber Co

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant J. W. Cowthorne

(b) Address Charlotte Kan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: (Month) 8 (Day) 29 (Year) 47

(c) Place: burial or cremation Ash Grove Cemetery

18. (a) Signature of funeral director Marriss-Leiman

(b) Address Ash Grove 140

19. (a) 9/6/47 (Data received local registrar) (b) J. H. Wilson (Registrar's signature) 104

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1947 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 26 1947 to August 27 1947; that I last saw him alive on August 27 1947; and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS Duration 3 hrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN

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 2

23. Signature Homer J. Matz (M.D. or other) D.O.

Address Ash Grove Mo. Date signed 8/29/47

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

MOTHER FATHER

RECEIVED

Greene County Health Office

County File Number 47-9-178

Date Filed 9/8/78

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 Maudie O. Morris
Licensed Embalmer No. 2055
P. O. Address Ash 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.