

FILED SEP 19 1947

Registration District No. **185**

Primary Registration District No. **4300**

Registrar's No. **15**

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Laclede
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 31 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn **58**

(c) City or town Laclede **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **0**

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

If yes, name country _____

3. (a) PRINT FULL NAME EVERETT EARLE LOWAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1947 hour 7 minute 30 A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Wife Bernice Lowan

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

7. Birth date of deceased May 27 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Called As Coroner 19____; that I last saw h_____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation Duration _____
Hanging by Rope in Garage
Self inflicted.

8. AGE: Years Months Days If less than one day

53 3 9 hr. _____ min.

9. Birthplace Minterset Iowa **1**
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Henderson Produce Co

12. Name John Boyd Cowan

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Carolyn McCumber

15. Birthplace Not known **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bernice Cowan

(b) Address Laclede, Mo.

17. (a) Burial (b) Date thereof Sept. 9, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede, Mo. Cem

18. (a) Signature of funeral director W. B. Hines

(b) Address Laclede, Linn Co. Mo.

19. (a) Sept. 9-1947 (b) Chris A. Masters
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations 16 4A

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) suicide

(b) Date of occurrence Sept 6-47

(c) Where did injury occur? Laclede Linn Mo
(City or town) (County) (State)

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

(Specify type of place)

While at work? no (c) Means of injury 3

23. Signature Dale Bunch Coroner
(M. D. or other) **3**

Address Marechal Mo Date signed Sept 9 1947

FEB 17 1948

SA
SER 2 5 1959

DEC 17 1948

DISTRICT HEALTH OFFICE
St. Louis, 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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed W. J. Pham

Licensed Embalmer No. 2876

P. O. Address St. Louis, 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.