No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 26 1947

Registration District No. 3476

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3060

State File No. 39358

Registrar's No. 382

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Farmington
(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 years, months or days)
In this community: 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Francois 94
(c) City or town: Farmington 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Samuel Colbert Cowley
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: W 21
6. (b) Name of husband or wife: Sadie Chaboude Cowley
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: November 25, 1851 (Month) (Day) (Year)
8. AGE: Years 95 Months 11 Days 25 If less than one day ..... hr. ..... min.
9. Birthplace: Elizabethtown (City, town, or county) Kentucky (State or foreign country) /
10. Usual occupation: Retired
11. Industry or business:
FATHER
12. Name: Benjamin Cowley 9
13. Birthplace: unknown / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Catherine Hunner
15. Birthplace: don't know 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Sam Cowley /
(b) Address: Farmington, Mo.
17. (a) b (Burial, cremation, or removal) (b) Date thereof: 11-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Libertyville Mo.
18. (a) Signature of funeral director: C. H. Cozean
(b) Address: Farmington, Mo.
19. (a) 11-21-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20 year 1947 hour 7 minute 15 a.m.
21. I hereby certify that I attended the deceased from Nov. 15, 1947, to Nov. 19, 1947, that I last saw him alive on Nov. 19, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia	3 days
Due to	
Due to	
Other conditions: Hx Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: — 10?

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: George L. Watkins (M. D. or other)
Address: Farmington, Mo. Date signed 11-20-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1947

DEC 18 1947

RECEIVED

District Health Office No. 4

District File Number 1147-1425

Date Filed 11-25-42

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 C. H. Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.