

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

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Marshfield
(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 x
(Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Marshfield
(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 x

3. (a) PRINT FULL NAME Laura Adeline Cowan

3. (b) If veteran, name war x

3. (c) Social Security No. x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1947 hour 10 minute P.M.

21. I hereby certify that I attended the deceased Aug 23
1947 to _____, 19____.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Charles Alfred Cowan 6. (c) Age of husband or wife if alive x years

7. Birth date of deceased March - 5 - 1860
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 3 days

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>5</u>	<u>15</u>	<u>x</u> hr. <u>x</u> min.

Due to _____

Due to _____

9. Birthplace Gretton, W. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Norman Harvey

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

14. Maiden name Stacy Walters

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

16. (a) Informant Mrs. Olive Ditttrick

(b) Address Marshfield, Mo.

17. (a) Burial (b) Date thereof 8-26-'47
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield, Mo.

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1-24-47 (b) _____
(Date received local report) (Registrar's signature)

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 _____

23. Signature J.P. Macdonnell (M. D. or other) M.D.

Address Marshfield, Mo. Date signed 8/24/47

RECEIVED
District Health Officer No. 6,
District File Number 1247-1261
Date Filed DEC 3 1947

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.....
Licensed Embalmer No. 3312
P. O. Address.....

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.