

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File # 44177  
Registrar's No. 58

Registration District No. 101 Primary Registration District No. 52374107

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Eldorado Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Main Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: — (Specify whether  
In this community — years, months or days)

3. (a) PRINT FULL NAME HENRY HARDIN COWAN

3. (b) If veteran, name war -- 3. (c) Social Security No. —

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if  
alive -- years  
7. Birth date of deceased Jan. 14 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 10 24 hr. min.

9. Birthplace Cedar Co., Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Self employed

12. Name Wade Cowan  
13. Birthplace Cedar Co., Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah E. Hopkins  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Wade Cowan

(b) Address Eldorado Springs, Mo., R#5

17. (a) Burial (b) Date thereof Dec. 10, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hackleman Cemetery

18. (a) Signature of funeral director Wm. Carothers

(b) Address Eldorado Springs, Missouri

19. (a) 12-27-47 (b) J. B. Branner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20  
(c) City or town Eldorado Springs, Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Cedar 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8  
year 47 hour 11 A.M. minute — M.

21. I hereby certify that I attended the deceased from 6-1-47  
to 11-25-47

that I last saw him alive on 11-25-47  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to —

Due to —

Other conditions —  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 0158

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. O. Cowan (M. D. or other) 0

Address Greenfield, Mo. Date signed 12-9-47

MAY 11 1948

RECEIVED  
District Health Officer No. 7,  
District File Number 19-47-3031  
Date Filed 7-7-57-48

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.....

*James E. Kachleman*....., Registered Apprentice No. *44*  
working under my personal supervision.

Signed *Floyd C. Caruthers*  
Licensed Embalmer No. *4419*  
P. O. Address *Donald Springs, 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.