

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9381

State File No. _____
Registrar's No. 9

Registration District No. 207

Primary Registration District No. 5753

1. PLACE OF DEATH:
(a) County Maries
(b) City or town Rural Boone
(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)
In this community Entire Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Maries **63**
(c) City or town Rural **60**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) **5**
If yes, name country _____

3. (a) PRINT FULL NAME Fannie Francis Cowen
3. (b) If veteran, name war _____ 3. (c) Social Security No. 2

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 20
year 1948 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 20, 1945, to Mar 18, 1948;
that I last saw h. er alive on Mar 18, 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William F. Cowen 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10 27 1880
(Month) (Day) (Year)

Immediate cause of death Carcinoma of uterus **Duration 3 yrs.**
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: **480**
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
67 4 23 hr. min.

9. Birthplace Maries County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Madison Barnhart

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

14. Maiden name Rhoda Woody

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

16. (a) Informant Mr. Austin Cowen

(b) Address Meta, Missouri

17. (a) Burial (b) Date thereof 3/22/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stokes Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 3-28-48 (b) Pauline Howard
(Date received local registrar) (Registrar's signature) **1948**

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
Signature Donley Lites (M. D. or other) D.O.
Address Dixon, Mo Date signed 3-22-48

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

RECEIVED
District Health Officer No. 9
District File Number
Date Filed APR 8 1948

APR 14 1948

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.....
3/20/1948..... Registered Apprentice No.....
working under my personal supervision.

Signed *Walter Gilbert Schierbaum*
Licensed Embalmer No. 4506.....
P. O. Address Dixon, Missouri.....

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.