

S. No. 300
M-10-47
rv. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19432
2662
Registrar's No. _____

FILED JUL 3 1948 /49
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2701 HOLMES
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether
In this community 19 YRS. years, months or days)

3. (a) PRINT FULL NAME MRS. JARELDA A. COWDEN
3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife C.W. COWDEN 6. (c) Age of husband or wife if alive DEC. years
7. Birth date of deceased SEPT. 16 1857
(Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 10 If less than one day hr. min.

9. Birthplace MO. (City, town, or county) (State or foreign country)

10. Usual occupation HOME

11. Industry or business _____

MOTHER, FATHER { 12. Name ABEL S. CAVIN
13. Birthplace KY. (City, town, or county) (State or foreign country)
14. Maiden name NANCY J. RAMEY
15. Birthplace TENN. (City, town, or county) (State or foreign country)

16. (a) Informant MRS. EFFIE COWDEN
(b) Address 2701 HOLMES

17. (a) REMOVAL (b) Date thereof 6-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SPRINGFIELD, MO.

18. (a) Signature of funeral director STINE & MCCLURE
(b) Address KANSAS CITY, MO.

19. (a) 6-26-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 2701 HOLMES (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 26
year 1948 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 20, 1948 to June 26, 1948;
that I last saw her alive on June 25, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration 2 hrs.

Due to _____

Due to _____

Other conditions Arteriosclerotic Heart Disease ?
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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 [Signature] (M.D. or other) _____
Address 411 Alameda Road Date signed June 26, 48

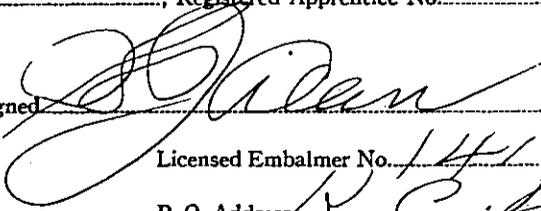
For, Mary Allen
411 - A. C. Green
2:30 P.M. On.

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. 14135

P. O. Address P. O. Box

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.