No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 17 1948

Registration District No. 227

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4339

State File No. 20189

Registrar's No. 30

1. PLACE OF DEATH:
(a) County: MONROE
(b) City or town: PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mc BRIDE ST. /
(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: 2 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: MONROE 69
(c) City or town: PARIS 2
(If outside city or town limits, write "RURAL")
(d) Street No.: Mc BRIDE ST. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: JANELLA M. COWHERD
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: DIVORCED
6. (b) Name of husband or wife: EARL COWHERD
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: OCT. (Month) 5, (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
64	9	2	..... hr. ..... min.

9. Birthplace: FORFAR (City, town, or county) SCOTLAND (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business:
FATHER 12. Name: JOHN EDMUND WATERSON
13. Birthplace: SCOTLAND (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: JEMIMA CROCKETT
15. Birthplace: Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: OLLIE M. ROSELLE
(b) Address: PALMYRA, Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 6-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation: PERRY, Mo.
18. (a) Signature of funeral director: Speed & Blakey
(b) Address: PARIS, Mo
19. (a) 6-7-48 (Date received local registrar) (b) Elbert Baker MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: JUNE day: 7
year: 1948 hour: about minute: 1 a.m.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) 2
While at work? — (e) Means of injury: —
23. Signature: Russell M. Wilson (M. D. or other) CORONER
Address: MONROE CITY, Mo. Date signed: 6-7-48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-48-106
Date Filed JUN 16 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed E. B. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.