

REG. DISTRICT NO. **14**

Primary Registration District No. **4251**

Registrar's No. **12**

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Windsor**
(c) Name of hospital or institution:
500 S. Commercial
(d) Length of stay: In hospital or institution **30 years**

3. (a) PRINT FULL NAME **Mrs. Eliza Cowan**
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband **Henry Cowan** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 18 1863**

8. AGE: Years **76** Months **5** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **Henry County Missouri**

10. Usual occupation **At home**

11. Industry or business _____
12. Name **Samuel Jones**
13. Birthplace **unknown Missouri**
14. Maiden name **Lucy Avery**
15. Birthplace **unknown Missouri**

16. (a) Informant's own signature **Mrs. Myrtle Jackson**
(b) Address **1419 E. 24th, Kansas City, Mo**

17. (a) **Burial** (b) Date thereof **Apr. 10-40**
(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston-Turner**
(b) Address **Windsor Missouri**

19. (a) **[Signature]** (b) **[Signature]**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Henry**
(c) City or town **Windsor**
(d) Street No. **500 S. Commercial St.**
(e) If foreign born, how long in U. S. A. _____ years.

20. DATE OF DEATH: Month **April** day **8**
year **1940** hour **3:30 a m** minute _____ M.

21. I hereby certify that I attended the deceased from **3-29**
_____, 19**40**, to **4-8**, 19**40**
that I last saw her alive on **4-7-40**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral apoplexy**
Due to **Hypertension**
Due to **[Signature]**

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations **None**
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
319 While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature **Ray Jordan** (M. D. or other) _____
Address **Windsor Mo** Date signed **4-17-40**

Duration **3 days**
Physician _____
Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 71

District File Number 5-42-855

Date Filed 5-28-42

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 *Edw. M. Kuntz*

Licensed Embalmer No. 3391

P. O. Address *Windsor, 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, above space should be left blank.