

walk 20071

State File No. _____

Registrar's No. 144

FILED AUG 31 7 1945

Registration District No. _____

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry Clinton MO
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton San Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community since 1866 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry MO
(c) City or town Clinton MO
(If outside city or town limits, write "RURAL")
(d) Street No. 422 E. Franklin St
(If rural, give location)
(e) Citizen of foreign country? C (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Allen Cowders

3. (b) If veteran, name war Civil

3. (c) Social Security No. C

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased 8 16 1849
(Month) (Day) (Year)

8. AGE: Years 95 Months 11 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Rolt Addison Cowders

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

14. Maiden name Katherine Steffy

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

16. (a) Informant Ida Cowders

(b) Address Clinton MO

17. (a) Burial (b) Date thereof 8-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Englewood 7-2

18. (a) Signature of funeral director Edith L. Kewen

(b) Address Clinton Mo

19. (a) July 31 45 (b) Myrtle Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 31
year 1945 hour 6 minute 4 A. M.
21. I hereby certify that I attended the deceased from 7-10
1945, to 7-21 1945
that I last saw him alive on 7-30 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis & Cystitis
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 13/16
Of autopsy _____

Duration

1 yr

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 0

23. Signature Edith L. Kewen (M. D. or other) MD

Address Clinton Mo Date signed 7-21-45

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

42
1
2

1591

RECEIVED
SEP 11 8 1958

RECEIVED

Dis. Officer No. 7,

Dist. No. 7-45-823

Date Filed 8-13-58

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 Fred W. Wilson

Licensed Embalmer No. 2778

P. O. Address Clinton 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.