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.

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2

REC'D NOV 3 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35631
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin — Registration District No. 297
(b) Township — Primary Registration District No. 3016 — Registered No. 91
(c) City Washington, Mo. — (d) Street No. St. Francis Hospital, Wash. Mo.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred ✓ yrs. ✓ mos. 2 ds. — (f) How long in U. S., if of foreign birth? ✓ yrs. mos. ds.

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2. PRINT FULL NAME Irving Franklin Cowling
(a) Residence, No. Villa Ridge, Mo. St. Villa Ridge, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Perkins Cowling
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 26, 1899
7. AGE: YEARS 39 — MONTHS 6 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Filling Station
9. Industry or business in which work was done, as saw mill, bank, etc.: attendant
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo. 0

FATHER
13. NAME: Richard Cowling. 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England.

MOTHER
15. MAIDEN NAME: Ida Johnson, (JOHNSON)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs. Irving Cowling, Villa Ridge, Mo R. R. 1.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Gray Summit, Mo DATE Nov. 1, 1938
19. FUNERAL DIRECTOR (ADDRESS): Otto & Co. Washington, Mo
20. FILED Oct. 31 1938 — H. A. May, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 30 7.30 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 7.30 A.m.
The principal cause of death and related causes of importance were as follows:

Auto Accident
Crushed Chest 2 10 m 2 20

Date of onset

Other contributory causes of importance:
A sleep at Wheal of his own Car

Name of operation: none — Date of ....
What test confirmed diagnosis? Coroner — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury Oct 30, 1938
Where did injury occur? Hiway 66 near Pacific Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Crashed into Rear of truck, public Hwy
Manner of injury: Accident
Nature of injury: Crushed Chest

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ....
(Signed) Thos. P. Shoffer Coroner M. D.
270 (Address) Sullivan Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. 2464

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed .....

Licensed Embalmer No. 2464

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.)