

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

36128
Do not use this space.

NOV 23 1938

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 468

(b) Township Buck Prairie Primary Registration District No. 4281 Registered No. 27

(c) City Marionville (d) Street No. _____ St.
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARTHA JENNIE POWSERT

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. H. Cowsert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	73	7	11	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. Housewife

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) Carroll Co Missouri

FATHER 13. NAME John Bates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Matilda Zimmerman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No

17. INFORMANT (ADDRESS) J. B. Cowsert Marionville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Cem. Northside Mo DATE Nov 23 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. S. Wallace Billings, Mo

20. FILED Oct 20 1938 Laura O. Cannah Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1938 to Oct. 19 1938

I last saw her alive on Oct. 19 1938 Death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

~~Heart~~
Cerebral Hemorrhage Oct. 17

92C

Other contributory causes of importance:
Chronic myocarditis arterio-sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Dr. Wayne M. Weaver, M.D.
419 (Address) Marionville, Mo.

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. 6,

District File Number 6-38-567

Date Filed 11-8-38

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, _____

Everett R Head

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Everett R Head

Licensed Embalmer No. 4038

P. O. Address Billings 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.