

REC'D JUN 19 1939

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

18196
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 107
(b) Township Jackson Primary Registration District No. 40.62 Registered No. 19
(c) City Auxvasse Mo. or (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

Charles Hodge Cowan
(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

3. SEX male 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 Ollie Cowan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10 - 1864
7. AGE YEARS 75 MONTHS 3 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Callaway Co. Mo.

FATHER 13. NAME John F. Cowan 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo.

MOTHER 15. MAIDEN NAME Martha Grant 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo.

17. INFORMANT John Cowan (ADDRESS) Auxvasse Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Auxvasse DATE May 15 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hughes Maupin Auxvasse Mo.

20. FILED May 15 1939 B. Nichols Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1939
22. I HEREBY CERTIFY That I attended deceased from May 4 1939 to May 14 1939
I last saw him alive on May 14 1939. Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency
Other contributory causes of importance: 42.2

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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) B. Nichols, M. D.
(Address) Auxvasse 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.

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 Hughes Maupin

Licensed Embalmer No. 2358

P. O. Address Aux Vasse, 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.