

FILED AUG 14 1940

State File No. _____

Registration District No. _____

Primary Registration District No. 3004

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
W 10 his Street
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. W 10 his Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Seleter Roxana Cowley 460
(b) If veteran, _____ name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13
year 1940 hour 7 minute 15 P.M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (c) Age of husband or wife if _____ years

21. I hereby certify that I attended the deceased from May 10th 1940 to July 13 1940
that I last saw her alive on July 13 1940
and that death occurred on the date and hour stated above.

7. Birth date of deceased Nov 26 1867
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of liver
Left lobe - 1

8. AGE: Years 72 Months 7 Days 17 If less than one day _____ hr. _____ min.

Due to _____
Due to Hb

9. Birthplace Colo Co. Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation house wife

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business Own Home
12. Name George W. Cowley
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Jane Wagner
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

Major findings Of operations no specimen
Of autopsy none

16. (a) Informant Mr. Weldon Walls
(b) Address Butler Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof July 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (Country) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Walc Hill

53 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Culver
(b) Address Butler Mo

23. Signature L. S. Culver (M. D. or other) _____
Address Butler, Mo Date signed 7/13/40

19. (a) July 14 1940 (b) Nona C Culver
(Date received local registrar) (Registrar's signature)

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

7
3
1

RECEIVED
District Health Officer No. 7,
District File Number 8-40-1166
Date Filed 8-10-40

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 _____

R. Denton Lisle

Licensed Embalmer No. _____

4123

P. O. Address _____

Butler, 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.