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

FILED SEP 13 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27883

Registration District No. 49 Primary Registration District No. 5077 Registrar's No. 7

1. PLACE OF DEATH

(a) County Elkhart Twp Bates Co

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Many years 4 (57)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Elkhart Twp.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George W. Cowley

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased July (Month) 25 (Day) 1853 (Year)

8. AGE: Years 87 Months 0 Days 3 If less than one day hr. min.

9. Birthplace ~~Cole~~ Holt Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George W. Cowley
13. Birthplace (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Jane Wagner
15. Birthplace ~~[illegible]~~ (City, town, or county) Penn (State or foreign country)

16. (a) Informant George W Cowley
(b) Address

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 30 1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Oak Hill

18. (a) Signature of funeral director Culver's
(b) Address Butler Mo. Merrill C. Kupper

19. (a) Aug 9 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from July 22, 1940, to July 28, 1940 that I last saw him alive on July 24-1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Coverage

Due to Hypertension

Due to

Other conditions 924
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature [illegible] (Dr. or other)
Address Butler Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-40-1304
Date Filed 9-11-40

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. Lenton Lisle

Licensed Embalmer No. 4123

P. O. Address Butler, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.