

No. 2  
-13-40  
17-39  
X23159

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson,  
(b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
717 West 36th St.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no. (Specify whether  
In this community 53 years. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,  
(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 717 West 36th St.,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME George Carroll Cowles,

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 Widowed,

6. (b) Name of husband or wife Lilah M. Case Cowles, 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased January 16 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>21</u>	hr. min.

9. Birthplace Kentucky, (City, town, or county) (State or foreign country)

10. Usual occupation Retired Civil Engineer,

11. Industry or business X

12. Name O. W. Cowles,

13. Birthplace Connecticut, (City, town, or county) (State or foreign country)

14. Maiden name - Ducker,

15. Birthplace Kentucky, (City, town, or county) (State or foreign country)

16. (a) Informant J. L. Case,

(b) Address Densmore Hotel, K. C., Mo.

17. (a) Burial, (b) Date thereof 11-9-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-11-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th,  
year 1940 hour 9:10 minute P. M.

21. I hereby certify that I attended the deceased from Sept 19 19 40 to Nov 7 19 40  
that I last saw him alive on Nov 5 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Uremic Combinations 1 Hour

Due to Cardio Renal complex, 6 mo

Due to \_\_\_\_\_ 95% 6 mo

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
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? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
While at work? (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature E. A. Burkhardt (M. D. or other) \_\_\_\_\_  
Address 3376 Summit Date signed 11/8/40

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

Drs. Burkhardt & Evans,

3346 Summit.

W. E. J. O. S.

3 T. O. S.

**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.....

..... Licensed Embalmer No.....

..... P. O. Address.....

**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, fact should be so stated above.**