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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Brosher

State File No. 9932

Registration District No. 26 Primary Registration District No. 3002 Registrar's No. 49

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

1. PLACE OF DEATH:

4 (a) County Audrain

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

2 (c) Name of hospital or institution: E. Liberty St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Most of her life,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico Mo 1
(If outside city or town limits, write "RURAL") 2

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Alice Elizabeth Cowley

3. (b) If veteran, name war

3. (c) Social Security No. None,

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife William Henry Cowley

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

7. Birth date of deceased June (Month) 6 (Day) 1871 (Year)

8. AGE: Years 69 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Callaway (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House Keeper,

11. Industry or business

FATHER
12. Name James Kemp,
13. Birthplace Callaway (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name D. N.
15. Birthplace D. N. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant John Cowley,
(b) Address Mexico Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 29 (Day) 1941 (Year)
(c) Place: burial or cremation Vandalia

18. (a) Signature of funeral director McPhetrin Bros
(b) Address Mexico Mo.

19. (a) March 28 1941 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th year 1941 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from Oct 3, 1940, to Feb 14, 1941, that I last saw her alive on Feb 14, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis
Funeral arteriosclerosis

Due to

Due to 93 D

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

Major findings:
Of operations None

Of autopsy no

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) no
(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? ✓ (e) Means of injury ✓

23. Signature H C Brashear (M. D. or other) GMD
Address Mexico, Mo Date signed 3/28/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-41-764
Date Filed APR 14 1941

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 Roy a. McPherson,

Licensed Embalmer No. 1133,

P. O. Address Maryville Mo

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

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