

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH14379
Do not use this space.

1. PLACE OF DEATH

(a) County Dallas Registration District No. 245
 (b) Township Linsch Primary Registration District No. 5339 Registered No. 3
 (c) City Urbana (d) Street No. 1 St. 0
 (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 SARAH MARGARETTE COWARDIN

(a) Residence, No. 1 St. 0
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>DIVORCED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Cowardin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>8</u>
		<u>10</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Urbana</u> (STATE OR COUNTRY) <u>MO.</u>		
FATHER	13. NAME <u>John Roberts</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>9</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Hoyle</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>9</u>	
17. INFORMANT <u>Mrs. Alfred Green</u> (ADDRESS) <u>Urbana, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bowers Chapel</u> DATE <u>5-5</u> 19 <u>41</u>		
19. FUNERAL DIRECTOR <u>Vaughan-Riser</u> (ADDRESS) <u>Urbana, Mo.</u>		
20. FILED <u>MAY 23</u> 19 <u>41</u> <u>E. C. Williams</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3 1941
 22. I HEREBY CERTIFY, That I attended deceased from 5/2 1941, to 5/2 1941
 I last saw her alive on 5/2 1941. Death is said to have occurred on the date stated above, at 9 P m.
 The principal cause of death and related causes of importance were as follows:

Subar Hemorrhage
 Date of onset 5/3/41

Other contributory causes of importance:

Name of operation 9 Garter Date of 5/3/41
 What test confirmed diagnosis? 9 Garter Was there an autopsy? 9

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 9 Date of injury 5/3/41
 Where did injury occur? 9
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 9
 Nature of injury 9

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify 9
 (Signed) L. A. Flores M. D.
 (Address) 222 Urbana Mo

245
5339

STATEMENT BY LICENSED EMBALMER

I, Allen W. Vaughan....., Licensed Embalmer No. 4156

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Allen W. Vaughan

Licensed Embalmer No. 4156

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.)