No. 2
-1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17193
1855

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

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:
5836 Brookside Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -- (Specify whether
In this community 60 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5921 Kenwood Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Mrs. Cuba Louise Cowen

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. Frank Cowen

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

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

8. AGE: Years 74 Months 4 Days 3 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business At Home

MOTHER FATHER

12. Name Unknown Chadwell
13. Birthplace Unknown (City, town, or county) England (State or foreign country)

14. Maiden name Unknown Chapman
15. Birthplace Unknown (City, town, or country) Unknown (State or foreign country)

16. (a) Informant Guy Cowen
(b) Address 5921 Kenwood Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director D. H. Nuckmerstone
(b) Address 1401 Brush Creek Blvd.

19. (a) May 12, 1941 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 th year 1941 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Dec 7 1941 to 19 ; that I last saw him alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Pulmonary Edema	
Due to Hypertension Myocarditis	4
Due to Coronary Sclerosis	1
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature [illegible] (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 George M. Collier

Licensed Embalmer No. 7839

P. O. Address K.C. Mo.

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.