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FILED JUN 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19320

State File No. _____

Registration District No. 890

Primary Registration District No. 6188

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Wayne

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

(c) Name of hospital or institution: St. Francis Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Edward Mc Cowan

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: March 25, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant William F. Jones

(b) Address Greenville, Mo.

17. (a) Burial (b) Date thereof May 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove,

18. (a) Signature of funeral director F. L. Yates

(b) Address Bedmont, Mo.

19. (a) 5-9-1941 (b) Madal Beasley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne III

(c) City or town Near Greenville, Mo. (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. St. Francis Hosp.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 24 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1941 hour 7 minute A M.

21. I hereby certify that I attended the deceased from about
Three years _____, 19____;
that I last saw him alive on April 20- _____, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Bladder

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration 3 yrs

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Geo F Wagner (M. D. or other) Phys

Address Greenville, Mo Date signed May 7

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

1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed:

Ida M. Yates

Licensed Embalmer No.

2572

P. O. Address

Piedmont, Mo

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.