

FILED **APR 22 1942**
Registration District No. 200673

Primary Registration District No. 3006-5118

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 100 E. Ash St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 87 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 100 E. Ash St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ROXIE COWDEN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Perry Cowden 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9-7-1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Boone Co. Mo
(City, town or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace _____ 9
(City, town, county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Eugenia Ward
(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 3-11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Stuart V. Parker
(b) Address Columbia Missouri

19. (a) 3-9-42 (b) Edna H Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day March
year 1942 hour 9 minute 45 M.

21. I hereby certify that I attended the deceased from 12-16-41
_____, 19____, to 3-7-42, 19____;
that I last saw her alive on 3-7-42, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Organic heart disease 6 mo
Due to _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 95c 2

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

23. Signature Dr. Moore (M. D. or other) _____
Address 301 N. 5th Columbia Mo signed 3-9-42

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

010
2
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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

Stuart P. Parker

Licensed Embalmer No.

2900

P. O. Address

Columbia, 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, above space should be left blank.