

FILED APR 13 1942
Registration District No. 44

Primary Registration District No. 4264

State File No.

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Knott
(b) City or town Novelty, Mo. Iron
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 64 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knott
(c) City or town Novelty
(d) Street No.
(e) Citizen of foreign country? 0
If yes, name country 0

3. (a) PRINT FULL NAME HEMAN LEVI COWLES

3. (b) If veteran, 1 name war
3. (c) Social Security No.

4. Sex M. O 5. Color or race W
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Electa Cowles
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased 12-29-1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days If less than one day hr. min.

9. Birthplace Battle Creek Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Hiram Cowles
13. Birthplace in Vermont
14. Maiden name Margaret S. Pringle
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Electa Cowles
(b) Address Novelty Mo.

17. (a) Burial (b) Date thereof 3-3-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novelty Cemetery

18. (a) Signature of funeral director Keith Hudson

(b) Address Edna, Missouri

19. (a) March 1942 (b) Nell Northcutt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1942 hour 7 A.M. minute M.

21. I hereby certify that I attended the deceased from Feb 15
1942 to March 1st 1942
that I last saw him alive on Feb 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of prostate gland
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Duration
Jan 10 1942 to Feb 28 1942

Major findings: Of operations 51b
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 2

23. Signature E. O. Holmes (M.D. or other) DO
Address Novelty Mo. Date signed 3-3-42

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

5
0
9
2

RECEIVED

District Health Officer No. 10

District File Number 4-9-703

Date Filed APR - 9 1942

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.....

working under my personal supervision.

4-9-703, Registered Apprentice No.....

Signed.....

Keith Hudson
Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.