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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21618

State File No.

Registration District No. 469 Primary Registration District No. 3633 Registrar's No. 93

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 121 days (Specify whether years, months or days)
In this community 121 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam
(c) City or town Unionville
(If outside city or town limits, write "RURAL")
(d) Street No. 2502 W. Main St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hester Floy Cowan
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vern Cowan
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Dec (Month) 13 (Day) 1913 (Year)
8. AGE: Years 28 Months 6 Days 18 If less than one day hr. min.
9. Birthplace Fairfield (City, town, or county) Iowa (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Aron Colter
13. Birthplace Putnam Co. (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Lydia Akers
15. Birthplace Sullivan Co. (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Mikeal Head Clerk
(b) Address Mo State Sanatorium Mt Vernon Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 2nd 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Unionville Mo
18. (a) Signature of funeral director Comstock Und. Co
(b) Address Unionville Mo
19. (a) 7/2/42 (Date received local registrar) (b) Andy Crumpler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1942 hour 8:00 minute a.m.
21. I hereby certify that I attended the deceased from March 3 2, 1942 to July 1st, 1942 that I last saw her alive on June 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	abt 16 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 f 1

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 Esther E. Coffman (M. D.)
Address Mo State Sanatorium Date signed 7-1-42.

1180 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 742-987
Date Filed JUL 15 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon Ill

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.