S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22486

Registration District No. 8425 Primary Registration District No. 6162 Registrar's No. 46

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Rural. Wash. Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Hosp # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 yr 2 mos 4 da (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Dade 108
(c) City or town: Greenfield 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Sarah Jane Cowan.
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Mar (Month) 27 (Day) 1859 (Year)
8. AGE: Years 83 Months 2 Days 4 If less than one day hr. min.
9. Birthplace: Polk Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: none
11. Industry or business
MOTHER FATHER
12. Name: Alexander Cowan
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)
14. Maiden name: Virginia Mazel
15. Birthplace: Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant: Hosp. record
(b) Address: Nevada Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jun 2 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenfield, Mo.
18. (a) Signature of funeral director: J. W. Ford
(b) Address: Greenfield Mo.
19. (a) 6-1-42 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1942 hour 9 minute 45 A.M.
21. I hereby certify that I attended the deceased from 3/4 1937 to 5/31 1942 that I last saw h. on alive on 5/21 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocardial insufficiency	
Due to: Arteriosclerosis and Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: GB	
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: F. L. Martin (M. D. or other)
Address: Nevada Date signed 5/31/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-42-766
Date Filed 7-13-42

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 J W Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield 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.