

FILED FEB 10 1944

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County Coape Girardeau
(b) City or town Coape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 9231 Bellevue St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Coape Girardeau
(c) City or town Coape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 9231 Bellevue St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country A

3. (a) PRINT FULL NAME Edwin E. Cowles

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leona Bahn Cowles 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 22, 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired R.R. Agt

11. Industry or business _____

12. Name John Cowles

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

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. E. Cowles

(b) Address Coape Girardeau Mo.

17. (a) Burial (b) Date thereof Jan 23-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimer Cemetery

18. (a) Signature of funeral director Walthers Und. Soc

(b) Address Coape Girardeau Mo.

19. (a) 1-24-44 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1944 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 21 1944, to Jan 21 1944
that I last saw him alive on Jan 20/44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to ?

Due to ?

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

Major findings: Of operations 9321
Of autopsy _____

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 Carl W. Minnen (M. D. or other) 2/1

Address Coape Girardeau, Mo. Date signed Jan 21

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

614

RECEIVED

District Health Officer No. 4
District File Number 244-3405
Date Filed 2-9-44

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 Virgil H. Kelch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.