

18325

S. No. 2
M-9-4-41
Y. 5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 12 1944
Registration District No. 9001-6

Primary Registration District No. 9001

Registrar's No. 255

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution St. Johns
(If not in hospital or institution, write street number or location)

(d) Length of stay in hospital or institution 12 days
(Specify whether _____)

In this community 19 days
years, months or days

3. (a) PRINT FULL NAME JOHN D. COWAN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, ✓ married, divorced Infant

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased April 24 1944
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>✓</u>	<u>✓</u>	<u>19</u>	hr. min.

9. Birthplace Ottawa Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business ✓

12. Name Herbert J. Cowan

13. Birthplace Peoria Okla.
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Clock

15. Birthplace Windsor Okla.
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert J. Cowan

(b) Address Waxier Springs, Kans. R. 2

17. (a) Burial (b) Date thereof May 16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca, Mo.

18. (a) Signature of funeral director W. T. Byrard

(b) Address Seneca, Mo.

19. (a) 5-17-44 (b) Gutierrez
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Ottawa

(c) City or town Ottawa Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 99
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ✓ 2d 34

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1944 hour 11 PM minute _____ M.

21. I hereby certify that I attended the deceased from 5/7/44, 19____, to 5-13-44, 19____, that I last saw him alive on 5-13-44, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to Congenital Heart Defect - (Patent Ductus arteriosus)

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

Major findings: Of operations 159

Of autopsy _____

Duration 7 months

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 Walter H. Huns (M.D. or other) _____
Address Joplin Mo Date signed 5/17/44

44-5-416

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, only
....., Registered Apprentice No.
working under my personal supervision.

Signed

Bill Buzzard

Licensed Embalmer No.

2334

P. O. Address

Seneca, 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.