

S. No. 2
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 12 1945
Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 29

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6
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1208 West Daugherty /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 39 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City Daugherty 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1208 West Daugherty 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Cowen

3. (b) If veteran, name war no data

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1945 hour 9:30 minute _____ P. M.

4. Sex Male 0 5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie Cowen

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

7. Birth date of deceased March 24 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 26 1945 to Feb 26 1945
that I last saw him alive on Feb 26 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

62 11 27 _____ hr. _____ min.

Immediate cause of death Coronary occlusion

Duration _____

9. Birthplace Peoria, Illinois /
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Retired S.W.M.R.R. Employee

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

11. Industry or business _____

MOTHER FATHER { 12. Name Issac Cowen

13. Birthplace New York /
(City, town, or county) (State or foreign country)

14. Maiden name Anna Joseph

15. Birthplace Penn. /
(City, town, or county) (State or foreign country)

Major findings: Of operations 940

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Widow Minnie Cowen

(b) Address Webb City, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) burial (b) Date thereof Mar. 3 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Mt. Hope Cemetery Hedge-Lewis

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Webb City, Mo.

(b) Address _____

19. (a) March 8 1945 Mrs. Lillie Sage
(Date received local registrar) (Registrar's signature)

23. Signature W.D. Daugherty (M. D. or other) _____
Address Webb City, Mo. Date signed 3/11/45

Blanchette

APR 17 1943

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.....

Richard Gray Lewis....., Registered Apprentice No. *363*
working under my personal supervision.

Signed..... *E. D. Hedger*.....

Licensed Embalmer No. *2859*

P. O. Address *W. H. Hedger*

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.