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Rev. 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 DEC 26 1946

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
523 N. Wade St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. 523 N. Wade St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Charles Henry Cowley

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color of race W

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

6. (b) Name of husband or wife Mrs. Lottie Cowley

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

7. Birth date of deceased Oct 25 1880
(Month) (Day) (Year)

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

66 1 23 hr. min.

9. Birthplace Halls Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Self

12. Name Thomas B. Cowley

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

14. Maiden name Sarah E. Richmond

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

16. (a) Informant Mrs. Charles E. Cowley

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 12/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elinwood Mexico, Mo.

18. (a) Signature of funeral director Chas Amundson

(b) Address Mexico, Mo.

19. (a) 12/30/46 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1946 hour 1 minute A- M.

21. I hereby certify that I attended the deceased from July 1946 to DEC 18, 1946
that I last saw him alive on Nov 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary sclerosis

Duration 5 min

PHYSICIAN

Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gfh

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 2

23. Signature [Signature] (M. D. or other) 100

Address MEXICO MO Date signed 12/16

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

7
1
2

30001

RECEIVED
District Health Department No. 10
District File No. 2-46-2328
Date Filed DEC 24 1946

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 Guerritt R. Head

Licensed Embalmer No. 4038

P. O. Address Mexico, 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.