DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 19 1946

Registration District No. 32

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39587

Primary Registration District No. 4042

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Bollinger

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott 100

(c) City or town perkins 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nevada Fakes

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female /

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 5th (Day) 1868 (Year)

8. AGE: Years 78 Months 1 Days 28 If less than one day hr. min.

9. Birthplace GrandTower (City, town, or county) I,LL (State or foreign country) /

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Henry F Cowan
13. Birthplace North Carolina (City, town, or county) (State or foreign country) /

MOTHER
14. Maiden name Amanda C Cochran
15. Birthplace GrandTower (City, town, or county) I,LL (State or foreign country) /

16. (a) Informant Mrs. Idell Pankwin

(b) Address WEIR, Org Kansas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) 4th (Day) 46 (Year)

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

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo.

19. (a) Dec 8-46 (Date received local registrar) (b) Willie H. Van Amburgh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, 3rd day year 1946 hour 10. minute 10 M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Carcinoma sigmoid colon

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

46E

Duration

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? 2 (e) Means of injury

23. Signature John J Myers (M. D. or other)

Address Lutesville Mo Date signed 12/4/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1246-2994

Date Filed 12-17-46

DEC 20 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 A. J. Baber

Licensed Embalmer No. 3573

P. O. Address Lutesville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.