. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4419

State File No.

Registration District No. 46 Primary Registration District No. 5347 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Dallas
(b) City or town Rural N. Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Buffalo Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 8 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas 30
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Buffalo Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Raymond Fredrick Cowan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Rebecca Cowan
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Sept (Month) 10 (Day) - 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	4	24	hr. min.

9. Birthplace Richmond (City, town, or county) Mo. D (State or foreign country)
10. Usual occupation Retired Police Officer
11. Industry or business
FATHER
12. Name Lawson Cowan
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Margaret Jones
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Rebecca Cowan
(b) Address Buffalo Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn
18. (a) Signature of funeral director Montgomery Vaughan
(b) Address Buffalo Mo.
19. (a) 2-15-47 (Date received local registrar) (b) Grace Petree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4
year 1947 hour 4 minute 15 P M.
21. I hereby certify that I attended the deceased from Jan 20, 1947, to 2-4, 1947
that I last saw him alive on 2-4-47, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	Sudden
Due to Arterio Sclerosis Hypertension	Years
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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? (e) Means of injury D
23. Signature [signature] (M. D. or other) M.D.
Address Buffalo Mo Date signed 2-8-47

80

(Licensed Embalmer's Statement on Reverse Side)

MAR 3 1947

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 Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.