No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27707

FILED AUG 26 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3475

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 minutes (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Fremont 999

(c) City or town Hamburg 13
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Edgar Cameron GOWDY

3. (b) If veteran, name war World War I

3. (c) Social Security No. 478-26-4027

4. Sex male 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Leta Gowdy

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January (Month) 18, (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	6	25	hr. min.

9. Birthplace Tarkio, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Automobile Agent

11. Industry or business Self

FATHER
12. Name John Cameron Gowdy
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Minnie ---
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Leta Gowdy
(b) Address Hamburg, Iowa

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hamburg, Iowa

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 8-13-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1947 hour 1 minute 30 A. M.

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

	Duration
Immediate cause of death: Myocardial Infarction	
Myocardial Aneurysm	
Due to: Coronary sclerosis	
arterio sclerotic kidneys	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131 a

Of autopsy yes as above

PHYSICIAN

Underline the cause of 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 2

23. Signature James C Walker (M. D. or other) Coroner

Address 1424 [illegible] Date signed 8-13-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Russell N France

Licensed Embalmer No. 4255

P. O. Address K C 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.