

No. 2  
 1-5-43  
 5-17-39  
 I X36671

FILED JAN 29 1948 / 0

Registration District No. \_\_\_\_\_

Primary Registration District No. 3002

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:  
503 W. Robinson /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 50 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Audrain  
 (c) City or town Mexico, Missouri  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 503 W. Robinson  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alice A. Cowherd  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. none

4. Sex female / 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife John McNutt Cowherd  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 9 1860  
(Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 11  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Benjamin C. Drake  
 13. Birthplace Lexington, Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Davis  
 15. Birthplace Monroe County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Porter Cauthorn  
Mexico, Missouri  
 (b) Address \_\_\_\_\_

17. (a) removal (b) Date thereof Jan. 22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Fork

18. (a) Signature of funeral director J. S. Pault  
 (b) Address Mexico, Missouri

19. (a) 1/22/48 (b) Stenche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 20  
 year 1948 hour \_\_\_\_\_ minute 4A. M.  
 21. I hereby certify that I attended the deceased from 1-8-48  
1-8- 1948 to 1-20- 1948  
 that I last saw h. w. alive on 1-7- 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Nephritis  
 Due to Atherosclerosis  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 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  
 23. Signature J. Paul Jolley (M. D. or other) MD  
 Address Mexico Date signed 1/24/48

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

MAY 24 1950

RECEIVED  
District Health Officer No. 10  
File No. 148-129  
Date Filed JAN 27 1948

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 Carl E. Pugh

Licensed Embalmer No. 3189

P. O. Address Mexico ME

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.