300
0-47
-39
3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36463

Registrar's No. 4861

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: GEMERAL HOSPITAL # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days, 21 hrs. (Specify whether years, months or days)
In this community 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1305 Troost 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) U
If yes, name country

3. (a) PRINT FULL NAME MATTIE COWANS

3. (b) If veteran, name war no

3. (c) Social Security No. 495-10-3017

4. Sex FEMALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced DIVORCED 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased NOVEMBER 24th, 1903 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 45 | 0 | 1 | hr. min. |

9. Birthplace ROME, GEORGIA (City, town, or county) (State or foreign country)

10. Usual occupation MAID

11. Industry or business PARK LANE HOTEL

FATHER
12. Name WILL COWANS
13. Birthplace GASTON, ALABAMA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name GENIE DUCKWORTH
15. Birthplace GEORGIA (City, town, or county) (State or foreign country)

16. (a) Informant Sister: Josephine Cowans
(b) Address 1305 Troost

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cemetery, K. C. K.

18. (a) Signature of funeral director Mrs. J. W. Jones
(b) Address 440 State Aven. K. C. Kansas

19. (a) 11-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 25th year 1948 hour 9:35 minute A. M.

21. I hereby certify that I attended the deceased from NOVEMBER 20th, 1948 to NOVEMBER 25th, 1948 that I last saw her alive on NOVEMBER 25th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death ANEMIA(TYPE UNDETERMINED) — Duration

Due to UREMIA(CLINICAL) PLASMA CELL MYELOMA of 1st. lumbar vertebra metastasis to 9th. rib on right

Due to

Other conditions (Include pregnancy within 3 months of death) 5515

Major findings:
Of operations

Of autopsy SAME AS ABOVE

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

23. Signature E. Frank Ellis (M. D. or other)
Address 600 East 22nd St. Date signed 11/25/48

(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 Eugene English

Licensed Embalmer No. 4105

P. O. Address 440 State Ave

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

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