

No. 2
-5-43
-17-39
X38671

FILED DEC 8 1948

State File No.

Registration District No. 238

Primary Registration District No. 5823

Registrar's No.

309

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution:
NO

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

(d) Length of stay: In hospital or institution NO
(Specify whether years, months or days)

In this community 37 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME B.F. COWAN

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife INDIGNE COWAN 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased July 4, 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1948 hour 10 minute 30 AM

21. I hereby certify that I attended the deceased from Aug 1947 to Nov 12 1948
that I last saw him alive on Nov 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

8. AGE: Years Months Days If less than one day

46 4 8 hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace COWLING Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Abe Cowan

13. Birthplace Ark Ark 9
(City, town, or county) (State or foreign country)

14. Maiden name Ark Ark 9

15. Birthplace Ark Ark 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ernest Chartrand

(b) Address New Madrid

17. (a) Burial (b) Date thereof Nov. 14, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounts

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 D

18. (a) Signature of funeral director Richard W. Car

(b) Address New Madrid Mo

19. (a) 11-29-48 (b) Helen Louise Jones
(Date received local registrar) (Registrar's signature)

23. Signature Claude M. Raven (M. D. or other) _____

Address Manhattan Mo Date signed 12-15-48

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

RECEIVED

District Health Office No. 2,

District File Number 1248-1614

Date Filed 12-6-48

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 *Lis Hedgesmith*.....

Licensed Embalmer No. *3803*.....

P. O. Address *New Madrid 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.