WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36448

1. PLACE OF DEATH
County Jackson — Registration District No. ..... — File No. .....
Township Kaw — Primary Registration District No. ..... — Registered No. 4362
City Kansas city (No. General Hospital St. ..... Ward)

2. FULL NAME Owen Georgia
(a) Residence, No. 3824 Bell St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George L Owen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 1882

7. AGE 54 YEARS 51 MONTHS 10 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

FATHER
13. NAME George W Howe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

MOTHER
15. MAIDEN NAME Lillian M Finn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Victor N.Y.

17. INFORMANT (ADDRESS) Record Clerk K.C. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 11-10, 1933

19. UNDERTAKER (ADDRESS) Sales

20. FILED Nov 7, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-30, 1933, to 11-5, 1933
I last saw her alive on 11-5, 1933. Death is said to have occurred on the date stated above, at 10:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	
46D	

Other contributory causes of importance: 4 6

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) P. F. De Maria, M. D.
(Address) K. C. General Hospital