

REC'D MAY 24 1938

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

15626
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 733
 (b) Township _____ Primary Registration District No. 4438 Registered No. _____
 (c) City Huntsville (d) Street No. So Depot St. _____
 (e) Length of residence in city or town where death occurred 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Sarah Elizabeth Owen 500
 (a) Residence, No. So Depot St. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Tandy Owen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1863

7. AGE YEARS 74 MONTHS 11 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 58 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County Mo.

FATHER 13. NAME George Summers 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. 0

MOTHER 15. MAIDEN NAME Fannie Elliott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County Mo.

17. INFORMANT George B. Owen (ADDRESS) Huntsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE April 8, 1938

19. FUNERAL DIRECTOR Tom B Patton (ADDRESS) Huntsville Mo.

20. FILED May-10- 1938 Mrs. D. A. Barnhart Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1938 to April 6, 1938

I last saw h. alive on Mar 23, 1938. Death is said

to have occurred on the date stated above, at 11¹⁰ a.m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
Essential Hypertension

Date of onset
D.K.
D.K.

Other contributory causes of importance: ABC

Name of operation none Date of _____

What test confirmed diagnosis? Exam Was there an autopsy? _____

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? no

If so, specify _____

(Signed) Philip Owen, M. D.

(Address) Huntsville Mo.

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)