

REC'D NOV 21 1938

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

34712
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 100 Registered No. 4048
 (c) City Kansas City Mo (d) Street No. Research Hosp St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

52.0 LUCORA OWENS
 (a) Residence, No. 70 Kansas City Mo R 4 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Henry Owens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 - 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 7 5

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Mo

FATHER 13. NAME John Shields

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME M. Samples

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

17. INFORMANT (ADDRESS) Mrs Eva Wilbray
no Kansas City Mo R 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkville Mo DATE Oct 17 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morton Funeral Home
no Kansas City Mo

20. FILED Oct 17 1938 M. M. Brown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1938 to Oct 14 1938

I last saw her alive on Oct 14 1938 Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Broncho pneumonia Date of onset 10/4/38
10 1/2

Other contributory causes of importance:

Auricular fibrillation 10/5/38

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? _____, specify _____

(Signed) Harry R. Stacey, M. D.

(Address) North Kansas City, Mo

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,

personally, or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *Harold L. Posson*

Licensed Embalmer No. *3605*

P. O. Address. *North/Kearney*

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, above space should be left blank.