

LEGISLATIVE JAN 1 1939

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

41733  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Raw Primary Registration District No. 1002  
 (c) City Kennett City (d) Street No. St. Mary's Hospital Registered No. 4799  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Otho L. Owen  
 (a) Residence, No. 1216 East Arrow 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 Male  
 4. COLOR OR RACE white  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ←

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>about</u>	<u>43</u>			

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Claims Attorney  
 9. Industry or business in which work was done, as saw mill, bank, etc. Fidelity Report Co.  
 10. Date deceased last worked at this occupation (month and year) Dec 2, 1938 14 1/2 years spent in this occupation

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

FATHER  
 13. NAME J. N. Owens  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER  
 15. MAIDEN NAME unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Baxter Brown  
 (ADDRESS) 1006 Fidelity Bldg

18. BURIAL, CREMATION, OR REMOVAL PLACE West Point Virginia DATE Dec. 9 1938

19. FUNERAL DIRECTOR (NAME) A. N. Newcombs Sons  
 (ADDRESS) Brushcreek & Passes

20. FILED Dec 9 1938 M. M. Crowe  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sunday Dec 4, 1938 to Sunday Dec 8, 1938  
 I last saw him alive on Dec 8, 1938. Death is said to have occurred on the date stated above, at 11:45 A. M.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia - Type 4  
108

Date of onset

Other contributory causes of importance:

Name of operation Nose Date of       
 What test confirmed diagnosis? Kab 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?       
 If so, specify Arthur N. Rettinger M. D.  
 (Signed)       
 (Address) 1416 1/2 1st St

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.

Proof - 01-2618

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**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 *Laurence Carr* .....

Licensed Embalmer No. *4031* .....

P. O. Address .....

**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.**