

REC'D MAR 20 1939

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

7321
Do not use this space.

1. PLACE OF DEATH ²

(a) County Wheeler Registration District No. 1046

(b) Township 1 Primary Registration District No. 5810 Registered No. _____

(c) City Joplin (d) Street No. 39th Missouri 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 Charles H. Owen

(a) Residence, No. 39th Missouri 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 6 3

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

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) Saline Co. Mo.

FATHER 13. NAME John Owen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Co. Mo.

MOTHER 15. MAIDEN NAME Cornie Burton

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

17. INFORMANT Mrs. Cornie Wilson
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stony Point DATE Feb. 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thomhill Dillon
Joplin, Mo.

20. FILED 2-16-39 Ed D. Johnson
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1939

22. I HEREBY CERTIFY that I attended deceased from Sept. 14, 1939, to Feb. 1, 1939, 1939
I last saw him alive on Feb. 1, 1939 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) Ed D. Johnson M. D.
30 years
(Address) Joplin, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-600

Date Filed MAR 10 1939

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,

Don Tetrick

....., or by

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

Signed.....

Don Tetrick

Licensed Embalmer No.....

4008

P. O. Address.....

Joplin, 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, above space should be left blank.