

U.S. AUG 11 1939

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

27050
Do not use this space

1. PLACE OF DEATH *Taney* Registration District No. *859*
 (a) County *Taney* / Township *Branson* / Primary Registration District No. *6128*
 (b) Township *Branson* / or City *Branson* / (c) City *Branson* / (d) Street No. _____ 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 *John Bentley Owen*
 (a) Residence, No. _____ 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 *m* 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 *Georgia nason*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 3-1877*

7. AGE YEARS *62* MONTHS *7* DAYS *3* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Druggist*
 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) *Webster Co Mo*

FATHER 13. NAME *James W Owen*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N.C.*

MOTHER 15. MAIDEN NAME *Clemmie E. Bodheim*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Webster Co Mo*

17. INFORMANT *Mrs John Owen* (ADDRESS) *Branson Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Springfield* DATE *7-8 39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Whelchel & Son* *Branson Mo*

20. FILED *7/7* 19*39* *John H. Baxter* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-6th* 19*39*

22. I HEREBY CERTIFY, That I attended deceased from *July 1* 19*39* to *July 6th* 19*39*
 I last saw him alive on *July 6th* 19*39* Death is said to have occurred on the date stated above, at *9:15 P.M.*
 The principal cause of death and related causes of importance were as follows:
Uremic Coma
High Blood Pressure
Uremic Poisoning Date of onset *12/1*

Other contributory causes of importance:
Chronic Interstitial Nephritis
Arteriosclerosis

Name of operation *None* Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? *Mo*

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) *W. B. Mitchell* M. D.
 (Address) *Branson, 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 829-1574

Date Filed AUG 8 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, or by.....

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

Signed.....

Licensed Embalmer No.....

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.