

JAN 20 1939

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

42730  
Do not use this space.

1. PLACE OF DEATH

(a) County Bryan Registration District No. 64  
(b) Township Princeton Primary Registration District No. 5100  
(c) City Princeton (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

(a) Residence, No. 507 Joel C. Owen St.  (If nonresident, give city or town and State)  
Princeton Mo 1st  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 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 Mary E Owen  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1888  
7. AGE 58 YEARS MONTHS 5 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-1939  
22. I HEREBY CERTIFY, That I attended deceased never 19\_\_\_\_ to never 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ a.m.  
The principal cause of death and related causes of importance were as follows:  
Heart (apparently) Date of onset  
N.M.D.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) 7-2 11. Total time (years) spent in this occupation 42

Other contributory causes of importance: 4567

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

FATHER 13. NAME Joel Owen

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

MOTHER 15. MAIDEN NAME Mary A Willhauer

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

17. INFORMANT (NAME) (ADDRESS) Joel C Owen  
Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton cemetery DATE 12-8-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J.R. Buckley  
Princeton Mo

20. FILED Dec 9 1939 M. C. Watson Local Registrar

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Autopsy 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? No  
If so, specify \_\_\_\_\_ (Signed) D. Fisher (Carver), M. D.  
(Address) Cole Camp Mo

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. 7,  
District File Number 1-40-87  
Date Filed 1-9-40

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

*J. Buckley*

Licensed Embalmer No. 2982

P. O. Address Wheatland?

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.