

S. No. 2  
11-10-39  
5-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 23 1940**

MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

11041

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 317 Primary Registration District No. 5442

**1. PLACE OF DEATH:**  
(a) County Greene  
(b) City or town Rural Wilson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo. (b) County Greene  
(c) City or town Rural  
(If outside city or town limit, write "RURAL")  
(d) Street No. Brookline R#1.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Mamie Evaline Owens  
**3. (c) Social Security** \_\_\_\_\_  
**8. (b) If veteran,**  **name war** \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Mar. day 16  
year 1940 hour 11 minute A. M.

**4. Sex** female **5. Color or race** w.  
**6. (a) Single, widowed, married, divorced.** married  
**6. (b) Name of husband or wife** Phillip Owen **6. (c) Age of husband or wife if alive** 51 years  
**7. Birth date of deceased** Feb. 9- 1894  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** March 13, 1940, to March 16, 1940.  
that I last saw her alive on March 13, 1940.  
and that death occurred on the date and hour stated above.

**8. AGE:** Years 46 Months 1 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**Immediate cause of death**  
Tuberculosis of respiratory system **Duration** 3 yrs

**9. Birthplace** Mo.  
(City, town, or county) (State or foreign country)

**Due to** \_\_\_\_\_  
**Due to** 73  
**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**10. Usual occupation** housewife  
**11. Industry or business** \_\_\_\_\_  
**12. Name** J. M. Kee.  
**13. Birthplace** Mo.  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Mollie Monroe  
**15. Birthplace** Tenn.  
(City, town, or county) (State or foreign country)

**Major findings:**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** E. C. Owens  
**(b) Address** R#4 Springfield  
**17. (a) Burial** **(b) Date thereof** Mar. 18-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Green Lawn  
**18. (a) Signature of funeral director** J. W. Maple  
**(b) Address** Cleves, Mo.  
**19. (a) March 19** **(b) Mrs. Bertha Nance**  
(Date received local registrar) (Registrar's signature)

**22. If death was due to external causes, fill in the following:**  
**(a) Accident, suicide, or homicide (specify)** \_\_\_\_\_  
**(b) Date of occurrence** \_\_\_\_\_  
**(c) Where did injury occur?** \_\_\_\_\_  
(City or town) (County) (State)  
**(d) Did injury occur in or about home, on farm, in industrial place, in public place?** 280  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
**23. Signature** E. M. LeCompte M.D. (M. D. or other) \_\_\_\_\_  
**Address** Brookline Station Mo **Date signed** 3/17-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Greene County Health Office,

County File Number 40-4-4

Date Filed 4-19-40

**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.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clemer 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.