

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11539  
Registrar's No. 2

Registration District No. 1034 Primary Registration District No. 5631

1. PLACE OF DEATH  
(a) County Laurence  
(b) City or town La Russell  
(c) Name of hospital or institution: Route 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days) 60 yrs.

3. (a) PRINT FULL NAME MARTHA ANN OWEN  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Walter Owen  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased December 11-1847  
(Month) (Day) (Year)

8. AGE: Years 92 Months 2 Days 11  
If less than one day hr. min.

9. Birthplace Pittman Co. Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business  
12. Name Hinderson Bush  
13. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Christine Patz  
15. Birthplace Frank  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. J. Owen  
(b) Address La Russell

17. (a) Burial (b) Date thereof Feb. 25, 1949  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Red Oak Cemetery

18. (a) Signature of funeral director Lucy Jane Buckner  
(b) Address Carthage Mo.

19. (a) Feb 24-40 (b) Clara Wilston  
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 22  
year 1942 hour 10:45 PM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Feb 20  
1940, to Feb 22, 1940  
that I last saw her alive on Feb 22, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 2-16-40  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to 107 W  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature L. J. Adams (M. D. or other) \_\_\_\_\_  
Address Mills Mo Date signed \_\_\_\_\_

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. 61

District File Number 4140-1112

Date Filed APR 12 1940

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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 Lucy Kree-Buckwell

Licensed Embalmer No. 2510

P. O. Address Carthage, 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.