

FILED MAY 2 1940

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

16413
Do not use this space.

1. PLACE OF DEATH ²⁰
 (a) County Worth Registration District No. 0904
 (b) Township Union Primary Registration District No. 6215 Registered No. _____
 (c) City Grant City (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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 510 Lovell Leonard Owens
 (a) Residence, No. Grant City 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hr. or min.
	<u>68</u>	<u>0</u>	<u>27</u>	

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) Oct 1, 1939 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville, Kentucky

13. NAME Nathaniel Owens

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

15. MAIDEN NAME Dorothy Henderson

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

17. INFORMANT Linnie Owens (ADDRESS) Grant City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City, Mo DATE March 19 1940

19. FUNERAL DIRECTOR (NAME) Arch C. Duffee (ADDRESS) Grant City, Mo

20. FILED March 19 1940 Miss O. H. Bond Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17 1940

22. I HEREBY CERTIFY, That I attended deceased from June, 1939, to 3-17, 1940
 I last saw him alive on 3-10, 1940 Death is said to have occurred on the date stated above, at 743
 The principal cause of death and related causes of importance were as follows:
Coronary artery disease
signaled
also heart
 Date of onset 1938

Other contributory causes of importance: H₂O

Name of operation Physiologic Date of _____
 What test confirmed diagnosis? _____ 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) S. J. Cass, M.D., M. D.
 (Address) Grant City, 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. 11,
District File Number 5-40-624
Date Filed MAY 6 1940

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 *Arch C. Duffer*

Licensed Embalmer No. 3252

P. O. Address *Grant City, 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.