

0. 2
10-39
7-39
X21492

State File No.

Registration District No. 15 1040 726 Primary Registration District No. 4495 Registrar's No.

1. PLACE OF DEATH:
 (a) County Ralls
 (b) City or town New London
(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)
 In this community _____
years, months or days

8. (a) PRINT FULL NAME John A. Owen 500
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lona 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased September 7 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 22 If less than one day _____
hr. min.

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

10. Usual occupation _____

11. Industry or business Retired Banker

12. Name Lewis C. Owen

13. Birthplace Ralls County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Julia Biggs

15. Birthplace Ralls County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lona Owen
 (b) Address New London

17. (a) Burial (b) Date thereof May 2 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barkley
 18. (a) Signature of funeral director Ohlsonell Funeral Home
 (b) Address New London Mo
 19. (a) May 2 29 1940 (b) Blanche McGowan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ralls
 (c) City or town New London
(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 April day 30th
 year 1940 hour _____ minute 7 AM.

21. I hereby certify that I attended the deceased from April 14
 1940 to April 30 1940
 that I last saw him alive on April 29 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Duration _____

Due to _____
 Due to 4412

Other conditions Angina Pectoris
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 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?
653

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature M J Waters (M. D. or other) _____
 Address New London, Mo Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number 6-40-131D

Date Filed June 24, 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

Michael J. Adkinson

Licensed Embalmer No. 3246

P. O. Address

Hannibal 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.