

FILED SEP 25 1940

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 163

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Huntsville, Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: M. Carmick Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME MYRTLE FRANCIS OWEN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Owens 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 11 1884
 (Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 5 If less than one day hr. _____ min _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Alexander Brogan

13. Birthplace Randolph (City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Crotchfield

15. Birthplace Randolph (City, town, or county) (State or foreign country)

16. (a) Informant Mr. William Owens

(b) Address Huntsville, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville

18. (a) Signature of funeral director Tom S. Patton

(b) Address Huntsville, Mo.

19. (a) Aug. 18, 1940 (Date received local registrar) (b) Frank Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Randolph
 (c) City or town Huntsville (If outside city or town limits, write "RURAL")
 (d) Street No. 323 N. Main St. (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1940 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from 8-5-40, 19____, to 8-16-, 1940;
 that I last saw her alive on 8-16-, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Peritonitis due to perforated ulcer.

Other conditions (include pregnancy within 3 months of death) 48

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? 925
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature F. L. M. Carmick (M.D. or other) _____
 Address Moberly, Mo. Date signed 8/24

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 9-40-1811

Date Filed SEP 18 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.....

Paul F. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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, fact should be so stated above.