S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31415

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 969

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days (Specify whether
In this community 16 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Doniphan
(c) City or town Elwood (If outside city or town limits write "RURAL")
(d) Street No. Gen. Del. Elwood, Kansas (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Rose Mae Owens
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James L. Owens
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased 1 (Month) 11 (Day) 1921 (Year)

8. AGE: Years	Months	Days	If less than one day
19	7	22	hr. min.

9. Birthplace Little Rock, (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER
12. Name Clarence Morris
13. Birthplace Little Rock, (City, town, or county) Arkansas (State or foreign country)
MOTHER
14. Maiden name Ava Fields
15. Birthplace Little Rock, (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant James L. Owens
(b) Address Elwood, Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9--6--'40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Missouri
18. (a) Signature of funeral director Graves Funeral Home
(b) Address 806 South 17th, St.
19. (a) Sept 6 1940 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd year 1940 hour 9 minute 10 A.M.
21. I hereby certify that I attended the deceased from 8-16-, 1940, to 9-3-, 1940 that I last saw her alive on 9-3-, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis - general Septicemia	
Due to abortion - produced	
Due to Infection	
Other conditions Pregnancy - interrupted (Include pregnancy within 3 months of death)	

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Major findings: Of operations abdomen full of pus. Uterus still enlarged.
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? (Specify type of place)
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While at work? (e) Means of injury
23. Signature Paul Forgrave (M. D. ~~or other~~)
Address St Joseph, Mo. Date signed 9-6-40

(Licensed Embalmer's Statement on Reverse Side)

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 A. L. Moore

Licensed Embalmer No. 948

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.