No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38923

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

FILED DEC 1 1940

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2320 N. Florida Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2320 N. Florida Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Althemas L. Owen
3. (b) If veteran, name war No
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 Rose Owen
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased February (Month) 5 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
61	9	1	hr. min.

9. Birthplace Gainsville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Horse and Mule Buyer
11. Industry or business Stock Buyer
FATHER
12. Name Frank Owen
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nettie Amex
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Rose Owen
(b) Address 2320 Florida, Joplin Mo;
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9, (Month) (Day) (Year)
(c) Place: burial or cremation Sarcoxie Mo; Hurlbut Und. Co;
18. (a) Signature of funeral director
(b) Address 212 Joplin St. Joplin Mo.
19. (a) 11-8-40 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6 year 1940 hour 1 minute 45 A. M.
21. I hereby certify that I attended the deceased from Oct 5, 1940, to Nov 5, 1940 that I last saw him alive on Nov 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Chronic Valular Heart

Due to Chronic Pulmonary Tuberculosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 23
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)
While at work? (e) Means of injury
23. Signature Roy E Myers M.D. (M. D. or other)
Address 708 Throcs Bldg Joplin Date signed Nov 7-40

(Licensed Embalmer's Statement on Reverse Side)

40-12-594

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 Sam E. Senseney Jr.

Licensed Embalmer No. 4099

P. O. Address Joplin Mo.

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

If this body is not embalmed, fact should be so stated above.