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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MAILED FEB 14 1941  
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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2647

Registration District No. \_\_\_\_\_

Primary Registration District No. 5439

Registrar's No. 34

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield

(c) Name of hospital or institution: R # 51

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 74 yr. (Specify whether years, months or days)

3. (a) PRINT FULL NAME PLEASANT WADE OWEN

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

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

(b) Name of husband or wife Myrtle L. OWEN 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Oct 25 - 18 66 (Month) (Day) (Year)

8. AGE:

| Years     | Months   | Days      | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>74</u> | <u>2</u> | <u>15</u> | hr. min.             |

9. Birthplace Greene Co. Mo. 17 (City, town, or county) (State or foreign country)

10. Usual occupation Behind Farmer

11. Industry or business Farming

12. Name Wade Owen

13. Birthplace Greene Co. Mo. 0 (City, town, or county) (State or foreign country)

14. Maiden name Maatha Howard

15. Birthplace Unknown Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Myrtle L. Owen (b) Address Springfield Mo. R # 5

17. (a) Durial (b) Date thereof Jun 12 - 1941 (c) Place: burial or cremation Robertson Funeral Home

18. (a) Signature of funeral director W. W. Languey (b) Address Springfield Mo.

19. (a) 1-11-41 (b) W. E. Handley M.D. (c) Springfield Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene

(c) City or town Springfield (If outside city or town limits, write "RURAL") R # 51

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1941 hour 10 minute 15 A M.

21. I hereby certify that I attended the deceased from 12-26-40, 19 to 1-8-41, 19; that I last saw him alive on 1-8-41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Old Degenerative Heart Disease

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Influenza (Include pregnancy within 3 months of death) 2 wks

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (2) Means of injury \_\_\_\_\_  
Signature E. L. Simpson M.D. (M. D. or other) \_\_\_\_\_  
Address Springfield Mo. Date signed 1-10-41

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

**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: *Warren D. Noblett*

Licensed Embalmer No. *4005*

P. O. Address *Springfield Ma*

**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.

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