

**MAR 14 1941**  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
K. C. General Hospital No. 1 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hrs.  
(Specify whether years, months or days)

In this community 25 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 1326 1/2 Cherry St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Ethel Owens

3. (b) If veteran, name war No

3. (c) Social Security No. 495-05-1230

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ernest Owens 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Sept. 25, 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>4</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name ---Marley

13. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Owens

(b) Address 1326 1/2 Cherry

17. (a) Burial (b) Date thereof Feb. 3, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs. C. I. Forster

(b) Address 918 Brooklyn, K. C. Mo.

19. (a) 2-3-41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31st  
year 1941 hour 11 m. 30 P. M.

21. I hereby certify that I attended the deceased from 1-31-41, 19\_\_\_\_, to 1-31-41, 19\_\_\_\_; that I last saw h. er alive on 1-31-41, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial hemorrhage base of brain  
Healed tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Pulmonary congestion and  
Edema  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy See above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury 0

23. Signature Dr. R. Thon (M. D. or other) \_\_\_\_\_  
Address Med. Dir. K. C. Gen. Hospital Date signed \_\_\_\_\_

**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 Ma

....., Registered Apprentice No. 4179  
working under my personal supervision.

Signed J. Blair Sheppard  
Licensed Embalmer No. 4179  
P. O. Address 16 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.**