

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12266

State File No. _____

Registration District No. 834

Primary Registration District No. 6097

Registrar's No. 13

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bell City, Route
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Bell City, Route
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ELZA M. OWEN
(b) If veteran, name war --
(c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 5th
year 1941 hour 9:45 minute A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Allie Owen
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Oct. 25, 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 5, 1941, to March 5, 1941, that I last saw him alive on March 5, 1941 and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 45 Months 4 Days 10
If less than one day
hr. _____ min. _____

Due to suicide
Due to gun shot wound from his own hand
Other conditions (include pregnancy within 3 months of death) _____
Duration 164

9. Birthplace Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name William Owen
13. Birthplace Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Edwards
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Allie Owen
(b) Address Bell City, Mo. Route
17. (a) Burial (b) Date thereof Mar. 8, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Tillman cemetery

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence March 5 1941
(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?

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo. 750
19. (a) 3/15/ (b) D. L. McFee
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature E. C. Masters (M. D. or other) MO
Address Advance, Mo. Date signed Mar. 14, 1941

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

RECEIVED

District Health Officer No. 2,

District File Number 441-464

Date Filed 4/16/41

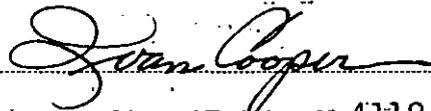
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.