

FILED MAY 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14400

Registration District No. 259

Primary Registration District No. 5359

Registrar's No. _____

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Marionville Rural
(If outside city or town limits, write "RURAL" and name of township) Candler
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____
In this community 27 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb
(c) City or town Marionville
(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. _____ years.

8. (a) PRINT FULL NAME ETHLEEN BEST OWENS

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced !
6. (b) Name of husband or wife John B Owens 6. (c) Age of husband or wife if alive 95 years
7. Birth date of deceased April 13 - 1858 (Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 20 If less than one day hr. min.

9. Birthplace DAVIES CO. MO (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name BOONE BEST

13. Birthplace Mo. O (City, town, or county) (State or foreign country)

14. Maiden name FEBECCA M. CAMERON

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

16. (a) Informant's own signature Boone Owens

(b) Address Marionville Mo

17. (a) Burial (b) Date thereof Apr. 5 - 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BERLIN CEM.

18. (a) Signature of funeral director Fisher FUNERAL Home

(b) Address Marionville Mo

19. (a) 4-10-41 (b) of the Home (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 3 year 1941 hour 5 minute a M.

21. I hereby certify that I attended the deceased from Apr 1st, 1941, to Apr 3rd, 1941, that I last saw her alive on March 27, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death (Probably) Coronary Occlusion in

Due to Coronary Occlusion

Due to _____

Other conditions 94 W (Include pregnancy within 3 months of death)

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 274 (Specify type of place)

23. Signature Dr. R. H. ... (Specify type of place) (b) Means of injury _____

Address Marionville Mo Date signed 4/12/41

Duration
Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

