

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

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILLED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17150

State File No. \_\_\_\_\_

Registration District No. 329

Primary Registration District No. 1002

Registrar's No. 1812

1. PLACE OF DEATH: Jackson

(a) County Kansas City

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

(c) Name of hospital or institution: 401 West 43rd Terr.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 49 years (Specify whether years, months or days)

In this community 49 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 401 West 43rd Terrace  
(If rural, give location)

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

3. (a) PRINT FULL NAME VIOLA OWENS

3. (b) If veteran, None name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female 5. Color or race Col

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

6. (b) Name of husband or wife James Owens

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased April 12, 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>		<u>22</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown Bridges

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

14. Maiden name Lena Morgan  
(City, town, or county) (State or foreign country)

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

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

(b) Address 401 West 43rd Terrace

17. (a) burial (b) Date thereof 5/7/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia

19. (a) May 1941 (b) M. H. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5<sup>th</sup>  
year 1941, hour 1 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 1940  
\_\_\_\_\_, 19\_\_\_\_, to May 5, 19\_\_\_\_;  
that I last saw her alive on May 5, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Chronic Hypertension

Due to arteriosclerosis

Other conditions 930  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations no

Of autopsy no

Duration \_\_\_\_\_

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) no

(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) (e) Means of injury

23. Signature W. Caswell (M. D. or other) \_\_\_\_\_

Address W 329 West 43rd Date signed 5-7-41

K. E. No

**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.....

*I. J. Manlove*  
.....

Registered Apprentice No. ....

working under my personal supervision.

Signed

*Isaac Jerome Manlove*  
.....

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd*

**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, above space should be left blank.**