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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21740

Registration District No. ~~318~~ 324 Primary Registration District No. 5449 Registrar's No.

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield Nebraska
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D # 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 76 yr 8 mo 12 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State No. (b) County Greene 39
(c) City or town Springfield 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 11 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME BELLE OWEN
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Sep 29 (Month) - (Day) 1864 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	8	12	hr. min.

9. Birthplace Greene Co (City, town or county) Mo. (State or foreign country)
10. Usual occupation House Work
11. Industry or business In own Home
FATHER
12. Name Jesse Wade Owen
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name Martha Howard
15. Birthplace Unknown (City, town, or county) North Carolina (State or foreign country)
16. (a) Informant Miss Jessie Owen
(b) Address R# 11 Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Robberson Prairie
18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address Springfield, Mo.
19. (a) 6-12-41 (Date received local registrar) (b) Mrs Guy Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th year 1941 hour 9 minute 05 A. M.
21. I hereby certify that I attended the deceased from May 30 1941, to June 11 1941; that I last saw her alive on June 10 1941; and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Valvular heart Lesions
Due to Gen Senility
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature S. F. Freeman (M. D. or other) 0
Address Springfield Date signed 6/11/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 41-7-75
Date Filed 7-16-41

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. William Max Rhodes

Licensed Embalmer No. 4071

P. O. Address. Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.