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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILLED JUL 17 1944  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22157

State File No. ....

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 177

1. PLACE OF DEATH:

(a) County Maxion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST ELIZABETH HOSP  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 30y (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME REYN OWDON MAXTON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 551-10-8531

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife JOHN 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 5 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 10 29 hr. min.

9. Birthplace Patterson ILL 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Telegraph Operator

11. Industry or business Western Union

12. Name JOHN OWDON

13. Birthplace ILL 1  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Gallier

15. Birthplace ILL 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virgil Rouse

(b) Address 1509 Paris Hannibal

17. (a) Cremation (b) Date thereof June 6, 1944  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo. Los Angeles Calif

18. (a) Signature of funeral director James O. Powell

(b) Address Hannibal Mo

19. (a) June 4, 1944 (b) W. C. Fisher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Calif. (b) County Los Angeles 499  
(c) City or town Los Angeles 4  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 2  
(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7  
year 1941 hour \_\_\_\_\_ minute 20 5 M.

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

Immediate cause of death Myocardial Infarction 3 days  
Sepsis

Due to Coronary artery disease 30 yrs

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 460

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Att. Rouse (M. D. \_\_\_\_\_)

Address Hannibal Mo Date signed June 4

**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 *Michael J. O'Honnell*

Licensed Embalmer No. *3246*

P. O. Address *Hennepin Ave*

**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.**