

No. 2
1-4-41
17-39
x24

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25725

State File No.

Registrar's No. 8

FILED AUG 13 1941 615-
Registration District No.

Primary Registration District No. 5817

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural - Marion Township.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #1, Granby, Mo.
(If not in hospital or institution, write street number or location)

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

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark. (b) County Sharp County

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

(d) Street No. Route #3, Mammoth Springs,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Mittie Owens

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 Widowed

6. (b) Name of husband or wife Roland E. Owen

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

7. Birth date of deceased Jan. 24, 1876
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>65</u> | <u>5</u> | <u>10</u> | hr. min. |

9. Birthplace X / Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Owens

(b) Address Route #1, Granby, Mo.

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

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director E. C. Ulmer

(b) Address 1208 S. Garrison Ave., Carthage, Mo.

19. (a) July 4, 1941 Mrs. U.S. Chapman
(Date received for local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th,
year 1941 hour 6:30 minute..... A. M.

21. I hereby certify that I attended the deceased from July 2, 41 to July 3, 41, 19.....
that I last saw her alive on July 3, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death nephritis complicated by uremia and cardiac insufficiency

Due to.....

Due to.....

Duration

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

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)

(b) Means of injury.....

Signature W. R. [Signature] (Physician)

Address Diamond, Mo. Date signed July 4, 1941

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

RECEIVED

District Health Officer No. 6,

District File Number 841-1356

Date Filed AUG 11 1941

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.

Casket and Box furnished only.
No Embalming or Service.

Signed E. E. [Signature]

Licensed Embalmer No. 2772

P. O. Address Carthage

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.