

FILED SEP 2 1941

Registration District No. 744

Primary Registration District No. 3035

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Richmond Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 hours  
(Specify whether  
In this community all of life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89  
(c) City or town Richmond, Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Elkhorn, Missouri 0  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME OSCAR L. OWEN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna E. Owen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 20, 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
46 9 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name W. Scott Owen  
13. Birthplace Richmond, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Lewis  
15. Birthplace Orrick, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna E. Owen  
(b) Address Orrick, Missouri

17. (a) Burial (b) Date thereof July 25, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Todd's Chapel, Richmond  
18. (a) Signature of funeral director L. Thurman  
(b) Address Richmond, Missouri

19. (a) July 26-41 (b) Malcolm Jackson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th  
year 1941 hour 11:40 minutes A. M.

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

Immediate cause of death: Renovascular spinto lung. Suggest spinal left chest  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(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) suicide  
(b) Date of occurrence 7-23-41  
(c) Where did injury occur? Richmond Ray Co  
(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 Malcolm Jackson (M. D. or other) M.D.  
Address Richmond Mo Date signed 7-25-41  
Coroner Ray Co

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 8-26-41

**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 ~~XXXX~~  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*E. H. ...*

Licensed Embalmer No. 2073

P. O. Address. Richmond, Missouri

**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.**