

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32130

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 101

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SALE-BOWMAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 MINUTES
In this community 2 WEEKS 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SCOTT
(c) City or town SIXESTON
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 21
year 1941 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept. 21, 1941 to Sept. 21, 1941
that I last saw him im alive on Sept. 21, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed chest

Due to Falling off of a truck and wheel of truck running over body

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

Major findings: 170C
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ACCIDENT
(b) Date of occurrence SEPT. 21, 1941 11:13
(c) Where did injury occur? NEOSHO (City or town) MO (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
U.S. Hwy 71 - So. of Neosho 2 miles
While at work? no (Specify type of place) (e) Means of injury Auto Accident
23. Signature Charles R. Sale (M.D. or _____)
Address NEOSHO MO Date signed 9/27/41

3. (a) PRINT FULL NAME THOMAS J. OWENSBY
3. (b) If veteran, name war NO 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JANUARY 22 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 29
If less than one day hr. _____ min. _____

9. Birthplace BENTON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CONSTRUCTION WORKER

11. Industry or business DAY LABOR

12. Name THOMAS J. OWENSBY
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name LAURA HUTCHESON
15. Birthplace INDIANNA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS ANNIE LEVAN
(b) Address CHARLESTON, MISSOURI
17. (a) REMOVAL (b) Date thereof SEPT 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Charleston, Mo
18. (a) Signature of funeral director [Signature]
(b) Address Neosho Mo
19. (a) 9-24-41 (b) Charles R. Sale
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 1041-1595

Date Filed OCT 13 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.....

Donald Reed

Registered Apprentice No. 202

working under my personal supervision.

Signed

J. A. Brigham

Licensed Embalmer No. 7689

P. O. Address Resko Mo

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.