DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED OCT 16 1941

STANDARD CERTIFICATE OF DEATH

State File No. 32168

Registration District No. 645-1079 Primary Registration District No. 6273 Registrar's No. 45

1. PLACE OF DEATH:
(a) County Ozark (Pr. C.)
(b) City or town Gainesville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ozark (Pr.)
(c) City or town Gainesville Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Napoleon Bonpart Owens
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 Mattie E Owens
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Aug 24 1857 (Month) (Day) (Year)

8. AGE: Years 85 | Months | Days | If less than one day hr. min.

9. Birthplace Hall Town Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James Owens
13. Birthplace Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Garrott
15. Birthplace Ky (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mrs Bill Owens
(b) Address West Plains Mo.
17. (a) B (Burial, cremation, or removal) (b) Date thereof Aug 7-41 (Month) (Day) (Year)
(c) Place: burial or cremation Center Point Cemetery
18. (a) Signature of funeral director Robertson Martin
(b) Address West Plains Mo.
19. (a) 9/19/41 (Date received local registrar) (b) Margaret Hutchison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 6th year 1941 hour 12:30 minute a M.
21. I hereby certify that I attended the deceased from Aug. 6, 1941, to Aug. 6, 1941; that I last saw him alive on He was dead when I got there 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92	
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? — (Specify type of place)
While at work? — (e) Means of injury —
23. Signature P. E. Bushong (M. D. or other)
Address Gainesville Mo. Date signed Sept. 19-41

(Licensed Embalmer's Statement on Reverse Side)

Dr Bushong

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 1041-1620
Date Filed OCT 14 [illegible]

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.