

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34839**

FILLED NOV 12 1941
Registration District No. **277**

Primary Registration District No. **3016**

Registrar's No. **101**

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution yes
(Specify whether years, months or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Washington Missouri
(If outside city or town limits, write "RURAL") St

(d) Street No. 717 9th Street
(If rural, give location) 6

(e) If foreign born, how long in U. S. A. 20 years.

3. (a) PRINT FULL NAME Donald Eugene Owens

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1941 hour 4:45 minute P M.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years 1937
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from ✓ 1941 to ✓ 1941
that I last saw ✓ alive on ✓ 1941
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>4</u>	<u>3</u>	<u>1</u>	hr. min.

Immediate cause of death Shock type to multiple vessel body trauma + lacerations - auto accident
Due to ✓

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

to ✓ Struck by unknown auto as child ran into street
Other conditions street
(Include pregnancy within 3 months of death)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Alvie C Owens

13. Birthplace Meta Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alsie Mae French

15. Birthplace Road house Ill
(City, town, or county) (State or foreign country)

Major findings: OK

Of operations OK

Of autopsy OK

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Alvie C Owens

(b) Address 717 9th Street Washington Mo

17. (a) Burial (b) Date thereof Oct 27, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Missouri

18. (a) Signature of funeral director Hieburg Witt, Inc by

(b) Address Washington, Mo. 64787

19. (a) Oct. 26, 1941 (b) H.A. May
(Date received local registrar) (c) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence October 25, 1941

(c) Where did injury occur? Washington Franklin Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
5th & Cedar, Washington, Mo.
public street (Specify type of place)
While at work? No - on st. (e) Means of injury Auto

23. Signature W. T. ... (M. D. or other) M.D.
Address WASHINGTON, Mo. Date signed 10/26/41

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, or by me

Lester H. Vitt

, Registered Apprentice No. _____

working under my personal supervision.

Signed Lester H Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.

