

FILED NOV 11 1941
318
Registration District No. _____

Primary Registration District No. _____

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6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution Burge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Jack Dale Owens

(b) If veteran, name war No

(c) Social Security No. None

4. Sex M 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

7. Birth date of deceased April 1 1939
(Month) (Day) (Year)

8. AGE: Years 2 Months 7 Days 17 If less than one day
hr. _____ min. _____

9. Birthplace Buffalo, Mo. USA MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Edward Jack Owens

13. Birthplace Prosperity, Mo. USA MO.
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Smith

15. Birthplace Buffalo, Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Jack Owens

(b) Address Buffalo, Mo.

17. (a) Removal (b) Date thereof Oct. 18, 1941
(Date received local registrar) (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo, Mo.

18. (a) Signature of funeral director W. E. Handley

(b) Address Buffalo, Mo.

19. (a) 10-18-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dallas 30

(c) City or town Rural - Buffalo 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural (Buffalo) 1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1941 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10-8, 1941, to 10-18, 1941;
that I last saw him alive on 10-18-41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Purulent meningitis
(Organism not isolated)

Due to _____ 3 wks

Due to _____ 4 to

Other conditions (Include pregnancy within 3 months of death) Brain abscess?

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) _____ (e) Means of injury _____

23. Signature W. E. Handley (M. D. or other) D

Address Springfield, Mo. Date signed 10-18-41

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.....
....., 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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.