

No. 2
-13-40
17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35813

FILLED NOV 18 1941
Registration District No. 1403

Primary Registration District No. 4424

Registrar's No. _____

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

1. PLACE OF DEATH Polk

(a) County Polk

(b) City or town Humansville Min.

(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 _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Richard H. Owens

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sent. 12 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace _____ Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Interior Decorator

11. Industry or business _____

12. Name Wesley Owens

13. Birthplace Rowena-Loretta Ketter Ky
(City, town, or county) (State or foreign country)

14. Maiden name Rowena Letter

15. Birthplace _____ Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Glenn Owens

(b) Address Humansville, Mo

17. (a) Burial (b) Date thereof Oct 23 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humansville Cemetery

18. (a) Signature of funeral director Joseph & Firestone

(b) Address Humansville, Mo

19. (a) Nov. 7-1941 (b) Ora M. Rich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Humansville 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21
year 1941 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on 10/21, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis

Due to _____

Due to _____

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy _____

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. B. Robinson M.D. 0
Address Humansville, Mo Date signed 10/23/41

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1870

Date Filed 11-12-41

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

Ralph A. Joseph
.....
Licensed Embalmer No. 3149

P. O. Address Humansville

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.