

No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35876

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 190

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(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 _____
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Randolph
(c) City or town Moberly
(d) Street No. 1036 Franklin
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James Adria Owen
3. (b) If veteran, name war.
3. (c) Social Security No.

4. Sex Male 5. Color or race col
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased april 10 41
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 7 hr. min.

9. Birthplace Moberly MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
12. Name Anderson J. Owens
13. Birthplace MO
14. Maiden name Blayds Miller
15. Birthplace MO

16. (a) Informant Blayds Miller
(b) Address 1036 Franklin St

17. (a) Burial (b) Date thereof Sept 17-41
(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Ed Smith
(b) Address 417 N. 3rd St

19. (a) Sept 17-41 (b) Ed Smith
(Date received local registrar) (Registrar's signature)

125 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 16
year 1941 hour 8 am minute 30 M.
21. I hereby certify that I attended the deceased from Sept 15
that I last saw him alive on Sept 15
and that death occurred on the date and hour stated above.

Immediate cause of death Colitis (infective)
Due to _____
Due to _____
Other conditions 119a
Major findings: Of operations _____
Of autopsy _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (e) Means of injury _____
23. Signature Ed Smith (M. D. or other)
Address Moberly Mo Date signed 9/17/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-4-1935

Date Filed OCT 24 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

R. L. Carr

Licensed Embalmer No. 3190

P. O. Address Mobile 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.