. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 8 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 37745

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 297

**1. PLACE OF DEATH:**
(a) County Boone
(b) City or town Columbia City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 306 N 8th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether years, months or days)
In this community Life

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Boone 10
(c) City or town Columbia Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 306 N 8th St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes name country

3. (a) PRINT FULL NAME MARY OWENS
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife E. C. Owens
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased October (Month) 7 (Day) 1876 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 65 | 1 | 0 | hr. min. |

9. Birthplace Callaway Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business "
MOTHER FATHER
12. Name Will Carr
13. Birthplace (City, town, or county) Ky (State or foreign country)
14. Maiden name Polly Martin
15. Birthplace Callaway Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant E. C. Owens
(b) Address 306 N 8th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Millersburg Cem
18. (a) Signature of funeral director E. Owens
(b) Address Columbia Mo
19. (a) 11/8/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 7th year 1941 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from 10-17- 1941, to 11-7- 1941, that I last saw h. alive on 11-7- 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 938
Major findings: Of operations No Op.
Of autopsy No Autop.

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) No
(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 W. P. Dysart (M. D. or other) M.D.
Address Columbia Mo. Date signed 11-8-41.

74 (Licensed Embalmer's Statement on Reverse Side)

## 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 Lyman H. Sprenkle

Licensed Embalmer No. 4013

P. O. Address Columbia, M

**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.**