

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

JAN 13 1942

Registration District No. 175

Primary Registration District No. 4104

Registrar's No. 74

1. PLACE OF DEATH:

(a) County. Chariton

(b) City or town. Salisbury, Mo.

(c) Name of hospital or institution: East 2nd St  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

In this community whole life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Chariton

(c) City or town. Salisbury Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME Susan Davis Owens

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31  
year 1941 hour 1 minute \_\_\_\_\_ P.M.

4. Sex Female 5. Color or race white

6. (b) Name of husband or wife W. W. Owens

7. Birth date of deceased July 25 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept -  
1941, to Dec 31, 1941;  
that I last saw her alive on Dec 31, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer  
Embolic

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>5</u>	<u>6</u>	hr. _____ min. _____

Due to arterio-sclerosis

Due to Chronic myocarditis

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

10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name John Wesley Craig

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

14. Maiden name Margaret Williams

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

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?

16. (a) Informant's own signature M. G. A. Harris

(b) Address Clifton Hill Mo

17. (a) Burial (b) Date thereof 1 2-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill Mo

18. (a) Signature of funeral director Hub B. Denke Meyer

(b) Address Salisbury Mo

19. (a) 1/3/42 (b) R. D. Keating  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury \_\_\_\_\_

28. Signature H. H. Hawkes (M. D. or other) \_\_\_\_\_

Address Salisbury Mo Date signed 1/2/42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Office No. 8

District File

Date Filed 1-9-42

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 *John R. ...*

Licensed Embalmer No. 3981

P. O. Address *Salisbury, Me*

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, above space should be left blank.