S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1371

Registrar's No. 194

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)

In this community About 39 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3834 Cleveland Avenue 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ----- O

3. (a) PRINT FULL NAME Mr. Henry Clay Owens

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Lena E. Owens

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August (Month) 17 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	4	28	hr. min.

9. Birthplace Platte County (City, town, or county) Missouri O (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Independent Owner

FATHER
12. Name Louis Owens
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Alice Riley
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs Lena C. Owens
(b) Address 3834 Cleveland Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D.W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 1/16/42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 th year 1942 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from Dec 2 1942 to Jan. 14 1942 that I last saw him alive on Jan 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia and Cancer of Spleen

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 55 E 55 E.

Major findings:
Of operations no.
Of autopsy yes Reserch Hospital

Duration

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 J. Henry George O (M. D. or other)

Address 2418 Cleveland Date signed Jan 15 42

(Licensed Embalmer's Statement on Reverse Side)

Dr. ~~Clark~~ J Henry Gu
2618 Clever

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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.