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 APR 25 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9802

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1520

048
3
8

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: Saint Mary's Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 048
(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL") 8
(d) Street No. 2626 Mersington (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mathew R. Owens
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 21, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
~~69~~ 68	7	24	hr. min.

9. Birthplace Parkersburg, W. Va. 1 (City, town, or county) (State or foreign country)
10. Usual occupation Pullman conductor (retired)
11. Industry or business Pullman Co.
FATHER
12. Name Edward M Owens 1
13. Birthplace Wales 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Moore
15. Birthplace Philadelphia, Pa. 1 (City, town, or county) (State or foreign country)
16. (a) Informant Miss Mary V. Owens
(b) Address 2626 Mersington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery
18. (a) Signature of funeral director Thos. E. Quirk
(b) Address 4316 Troost Ave.
19. (a) 4-17-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15 year 42 hour 7 minute 5 M.
21. I hereby certify that I attended the deceased from April 11, 1942 to April 15, 1942 that I last saw him alive on April 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to arteriosclerosis	
Due to 94 as	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
Of autopsy No

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)
(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 0
23. Signature P. H. Owens (M. D. ~~or other~~)
Address 1034 Rialto Bldg Date signed 4/16/42

(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 Thomas E. Quick

Licensed Embalmer No. 3775

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.