

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.

FILED MAY 23 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14424

Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 334
(b) Township Bethany Primary Registration District No. 4199 Registered No. 2741
(c) City Bethany (d) Street No. 1 St. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Celia Owens

(a) Residence, No. Bethany Mo St. 1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Evan Owens Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
72 11 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farrison County Missouri13. NAME T. M. King14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Sarah Hogan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 117. INFORMANT Bern King
(ADDRESS) Bethany Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mason Cemetery DATE Mar 31 4219. FUNERAL DIRECTOR (NAME) Joe E. Wheeler
(ADDRESS) Bethany Mo.20. FILED 4-10 1942 Zola M. Burris
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 194222. I HEREBY CERTIFY, That I attended deceased from 3-22, 1942, to 3-29, 1942I last saw her alive on 3-29, 1942 Death is saidto have occurred on the date stated above, at 7:45 am.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

?

Other contributory causes of importance:

Ruptured appendix 12/1 3-22-42Name of operation Gonnectomy Date of 3-25-42What test confirmed diagnosis? none Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury: , 19Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. F. Proyles(Address) Bethany Mo.

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 Joe E. Wheeler
Licensed Embalmer No. 3512
P. O. Address Bethany 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, above space should be left blank.