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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

2063

FILED JUN 6 1942

Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH: Jackson

(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: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Months
(Specify whether years, months or days)

In this community: 2 mo

2. USUAL RESIDENCE OF DECEASED: Jackson

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 1021 Penn.
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Owen Infant (Nancy Mae Owen)

3. (b) If veteran, name war: NO

3. (c) Social Security No.: No

4. Sex: Female / 5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: March 6th 1942
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 26th
year: 1942 hour: 3 minute: 15 A.M.

21. I hereby certify that I attended the deceased from 3-6-42 to 5-26-42, 1942, that I last saw her alive on 5-26-42, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

2 20 hr. min.

Immediate cause of death: INTESTINAL INFANTILISM

Duration

Due to: 157 1/2

Due to:

Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace: Kansas City Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Inf.

11. Industry or business:

MOTHER FATHER { 12. Name: McKinley W. Owen

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

14. Maiden name: Katherine Morrison

15. Birthplace: Kansas City Mo. (City, town, or county) (State or foreign country)

Major findings: Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant: Katherine M. Owen

(b) Address: 1021 Penn

17. (a) Burial (b) Date thereof: May 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Green Lawn

18. (a) Signature of funeral director: Mrs. C. L. Forster

(b) Address: Kansas City Mo.

19. (a) 5-27-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: Dr. R. J. Brown (M. D. or other)

Address: Med. Dir. W. C. Gen. Hospital Date signed:

361

(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.....

Wesley C. Browning

Licensed Embalmer No.....

2724

P. O. Address.....

J. C. no

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.