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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1942

Registration District No. 408

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24566

Primary Registration District No. 2020

Registrar's No. 151

1. PLACE OF DEATH:
(a) County: JASPER
(b) City or town: CARTHAGE cit
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution: STONE MEMORIAL Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: NEWTON
(c) City or town: RURAL. Neosho Twp
(If outside city or town limits, write "RURAL")
(d) Street No. NEOSHO MO. R#3,
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: I

3. (a) PRINT FULL NAME: HERBERT CLEVELAND OWENS
3. (b) If veteran, name war: NONE
3. (c) Social Security No. 500-09-1054
4. Sex: MALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: Lizzie OWENS
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: NOVEMBER (Month) 11. (Day) 1892 (Year)

8. AGE: Years 49 Months 8 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace: IZARD County (City, town, or county) ARKANSAS. (State or foreign country)
10. Usual occupation: FOREMAN
11. Industry or business: W.P.A.
FATHER
12. Name: ELZA OWENS
13. Birthplace: UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
MOTHER
14. Maiden name: CENA CHASE
15. Birthplace: UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant: Lizzie Owens
(b) Address: Neosho Mo. R#3,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-18-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Gibson Cemetery
18. (a) Signature of funeral director: Corey Thompson
(b) Address: Neosho Mo.
19. (a) July 20, 1942 (Date received by local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th year 1942 hour ..... P.M. minute ..... M.
21. I hereby certify that I attended the deceased from July 14, 1942 to July 16, 1942 that I last saw him alive on July 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebro-spinal Meningitis — Duration 10 da.
Due to: Unknown
Due to: ——
Other conditions: none
(Include pregnancy within 3 months of death)
Major findings: Of operations: ——
Of autopsy: Asst Coroner of Newton Co.

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: ——
23. Signature: Albert B. Wheeler M. D. or other DO
Address: Carthage Mo. Date signed July 18 42

1203 (Licensed Embalmer's Statement on Reverse Side)

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

AUG 6 1942

42-6-592-

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: Carley H. Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.