V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 326.

16
1
4

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger 9
(c) City or town Greenbrier 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Dallas Moore Owens

3. (b) If veteran, name war

3. (c) Social Security No. 487-28-3340

4. Sex Male

5. Color or race White 0

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 March (Month) 5 (Day) 1921 (Year)

8. AGE: Years 21 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Greenbrier (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name David Owens
13. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Bertha Sample
15. Birthplace (City, town, or county) Ark. 1 (State or foreign country)

16. (a) Informant Bertha Owens
(b) Address Greenbrier, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 20, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Baker Cem. Lutesville

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo. J. E. Graham

19. (a) 11-23-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th year 1942 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from 11/14, 1942 to 11/18, 1942 that I last saw him alive on 11/17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis PC

Due to

Due to Abdominal injury

Other conditions (Include pregnancy within 3 months of death) 175a-8

Major findings:
Of operations Peritonitis 3
Of autopsy

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) yes. (Acc)
(b) Date of occurrence 11-10-42
(c) Where did injury occur? Greenbrier (City or town) (County) (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place) 009
While at work? (e) Means of injury Struck in abd. by board
23. Signature [signature] (M. D. or other)
Address Cape Girardeau Mo Date signed 11/18/42

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3

District File Number 1242-1487

Date Filed 12-9-42

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.