

FILED JUN 7 1943 149
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson
(a) County: Jackson
(b) City or town: Kansas City
(c) Name of hospital or institution: General Hospital
(d) Length of stay: In hospital or institution: 5 days
In this community: 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(d) Street No.: 1232 Harrison 8
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME: Ruth Lee Owens
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: May day: 23
year: 1943 hour: 1 minute: 10 P.M.

4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Orvel Owens
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: March 23-1876

21. I hereby certify that I attended the deceased from May 18 1943 to May 23 1943
that I last saw her alive on May 23 1943
and that death occurred on the date and hour stated above.

8. AGE: Years: 67 Months: 2 Days: 0
If less than one day: hr. min.

Immediate cause of death: cerebral hemorrhage

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

Due to: 83a
Due to:
Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation: Housewife

Major findings: Of operations:
Of autopsy: see above

MOTHER FATHER
12. Name: Elephant
13. Birthplace: (City, town, or county) (State or foreign country)
14. Maiden name: No Record
15. Birthplace: (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant: Orvel Owens
(b) Address: 1232 Harrison
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 27-1943
(c) Place: burial or cremation: Green Haven
18. (a) Signature of funeral director: Mrs. C.P. Foster
(b) Address: 418 Broadway
19. (a) 5-26-43 (b) M.M. Crowe
(Data 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?
23. Signature: Dr. R. Thome (M. D. or other)
Address: _____ Date signed: _____

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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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed L. H. Wise

Licensed Embalmer No. 25-7-0

P. O. Address R. C. W.

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.