V. S. No. 2
0M—5-42
ev. 5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17702

FILED JUN 8 1943

Registration District No. 1945 Primary Registration District No. 5312 Registrar's No.

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville, Rural.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / ---- Charleford Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community All of life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Boonville, Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. #3
(If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME Miss Nellie Owens

3. (b) If veteran, name war ---- 3. (c) Social Security 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 November 8" 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	5	20	hr. min.

9. Birthplace Cooper County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business At home.

FATHER
12. Name James A. Owens.
13. Birthplace Waterloo, Ill.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Jewett Richardson
15. Birthplace Waterloo, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Adalene Owens.
(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30"/43
(Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo

19. (a) May 7, 1943 (Date received local registrar) (b) Mrs. N. L. Kruzer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1943 hour 8 minute p. M.

21. I hereby certify that I attended the deceased from April 28, 1943, to ....., 19..., that I last saw her alive on April 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	8 hrs
Due to arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

8 3a

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 A. L. Merchett (M. D. or other) MD
Address Prairie Home Mo Date signed 5-2-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

File Number .....

Filed 6-2-43

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. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.