

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2028 W. Main St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No (Specify whether
 In this community 9 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
 (c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 2028 W. Main St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Emma Owens

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. 2 divorced. Widowed
 6. (b) Name of husband or wife George W. Owens 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 13, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 6 27 hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Joel Mc Gee
 13. Birthplace Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant L. B. Owens
 (b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof June 12, 43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director Thos. J. Gordon
 (b) Address Jefferson City, Mo.

19. (a) 6-11-43 (b) Thomas Piella
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10
1943 year June hour _____ minute None

21. I hereby certify that I attended the deceased from 1938
 _____, 19____, to June 10, 1943
 that I last saw her alive on June, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Thrombosis
 Due to Arteriosclerosis 2 days
 Due to Senility
 Other conditions 83 yr
(Include pregnancy within 3 months of death)

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

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

23. Signature J. A. Oszman M.D.
(Specify type of place) (e) Means of injury
 Address Jefferson City, Mo. Date signed 6/11/43

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

751
JUL 12 1943

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.....

Licensed Embalmer No. 4096

P. O. Address.....

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.