S. No. 2
I—9-4-41
5-17-39
I X29484

39
2
6

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 28 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Glenn

State File No. 21375

Registration District No. ~~II~~

Primary Registration District No. 2000

Registrar's No. 464

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community ~~35 Years~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Rural North Campbell Twshp
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Eva Owen

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bert Owen

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased April (Month) 4 (Day) 1873 (Year)

8. AGE: Years 70 Months 2 Days 1 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Henry H. Hayes
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Frank Owen
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 8 (Day) 1943 (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 6-8-43 (Date received local registrar) (b) Dr M Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1943 hour 3 minute 30 p.M.

21. I hereby certify that I attended the deceased from 10-7-37, 19 to 6-6-, 1943
that I last saw her alive on 6-5-, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Complete Heart Block	24 hrs
Due to Acute Myocardial Infarction	36 hrs
Due to Arteriosclerotic Heart Disease	5 years
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	15 years

Major findings:
Of operations
Of autopsy

61

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 E. E. Hayes (M. D. ~~or other~~)
Address Springfield, Mo. Date signed 6-7-43

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E Hamilton

Licensed Embalmer No. 3208

P. O. Address Springfield 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.