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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 21831

Registration District No. 283 Primary Registration District No. 5655 Registrar's No. 88

**1. PLACE OF DEATH:**

(a) County: Lawrence

(b) City or town: Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 days (Specify whether years, months or days)

In this community 33 days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Gentry

(c) City or town: Mt Fall
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Clifton N. Owens

3. (b) If veteran, name war: 3. (c) Social Security No.

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lettie Stegman Owens 6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: Nov (Month) 14 (Day) 1897 (Year)

8. AGE: Years 45 Months 6 Days 12 If less than one day hr. min.

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

10. Usual occupation: Janitor

11. Industry or business: School

FATHER
12. Name: Henry Owens
13. Birthplace: Irvington (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name: Lena Jane Campbell
15. Birthplace: Gentry Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Mrs. Michael Record Clerk
(b) Address: Mo State San Mt Vernon Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: May 27 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Berlin Cem King City Mo

18. (a) Signature of funeral director: Powell Funeral Home
(b) Address: Mt Vernon Mo

19. (a) May 27-43 (Date received by local registrar) (b) Aubrey Crawford (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 24 year 1943 hour 9 minute 02 P. M.

21. I hereby certify that I attended the deceased from April 22, 1943 to May 26th 1943 that I last saw him alive on May 26th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Pul tbc — Duration abt 16 mos.

Due to: 13 fl

Due to:

Other conditions: Tuberculosis enteritis ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: Not done

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: J. B. Stokes, (M. D. or other)
Address: Mt. Vernon, Mo. Date signed 5/27/43

1338

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 643-714
Date Filed JUN 22 1943

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

Signed Max L Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon 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.**