S. No. 2
4-13-40
5-17-39
X23159

FILED JUL 10 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21928

Registration District No. 2 Primary Registration District No. 4318 Registrar's No. 115

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

1. PLACE OF DEATH:
(a) County: Warren
(b) City or town: Wright Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ✓ (Specify whether)
In this community: Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Warren
(c) City or town: Wright
(If outside city or town limits, write "RURAL")
(d) Street No.: ✓
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Sarah Ann 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: Widowed
6. (b) Name of husband or wife: James Owens
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: July (Month) 11 (Day) 1857 (Year)

8. AGE: Years 85 Months 9 Days 29 If less than one day: ✓ hs. min.

9. Birthplace: Wright (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Henry Omoy
13. Birthplace: Dieldgnt (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: Henry Stevens
(b) Address: R.R. Lamar
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Wright Mo
18. (a) Signature of funeral director: F. C. Burnham
(b) Address: Wright Mo
19. (a) 6/22/43 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1943 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 2 1943 to June 6 1943 that I last saw her alive on June 6 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Embolism — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 8-3 P
Major findings:
Of operations:
Of autopsy:

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: S. C. Howard (M. D. or other)
Address: Wright, Mo Date signed 6/21/43

1076 (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.....

Licensed Embalmer No. 3664

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.