

FILED JUL 19 1943 49
Registration District No. _____

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **Wheatly Provident Hosp. 0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6-27-1943 to 7-2-1943**
(Specify whether years, months or days)

In this community **June 27/43 to July 2/43**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Arkansas** (b) County **Sebastian** ⁴⁹⁹

(c) City or town **Fort Smith**
(If outside city or town limits, write "RURAL")

(d) Street No. **816 North 8th St.**
(If rural, give location)

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

If yes, name country **2**

3. (a) PRINT FULL NAME **John Allen Owens**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** **5. Color or race** **Col** **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 **June 15 1935**
(Month) (Day) (Year)

8. AGE: Years **8** Months **0** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Fort Smith Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **School boy**

11. Industry or business _____

12. Name **Virgil Owens**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Katie Bell Posey**

15. Birthplace **Fort Smith Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. Mayberry**

(b) Address **1414 Kensington**

17. (a) removal **(b) Date thereof** **7/3/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fort Smith, Ark.**

18. (a) Signature of funeral director **Watkins Bros**

(b) Address **1729 Lydia**

19. (a) 7-5-43 **(b) D. C. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2** year **1943** hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from **7-1-1943 to 7-2-1943**
that I last saw him alive on **7-2-1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia**

Due to **acute Bronchitis**

Due to **107**

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration **wk**

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? _____

While at work? _____ **(e) Means of injury** _____
(Specify type of place)

23. Signature **D. C. Brown** (M. D. or other) _____
Address **1729 Lydia** Date signed **7-3-43**

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 Jerome Manlove
Licensed Embalmer No. 3994
P. O. Address 2503 Highland

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.