

FILED AUG 27 1943

Registration District No. _____

Primary Registration District No. 1002

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 16 years
years, months or days)

3. (a) PRINT FULL NAME Shirley Mae 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, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 13, 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 10 4 hr. min.

9. Birthplace K.C. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation School girl

11. Industry or business.

MOTHER FATHER

12. Name Hugh H. Owens

13. Birthplace Easton Kans.
(City, town, or county) (State or foreign country)

14. Maiden name May Morrison

15. Birthplace Frankfort Kans.
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh H. Owens

(b) Address 5736 Rockhill Rd.

17. (a) Burial (b) Date thereof 8-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Melody McElley

(b) Address K.C. Ind.

19. (a) 8-19-43 (b) P. C. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 5736 Rockhill Rd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1943 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from August 15
1943 to August 17 1943

that I last saw her alive on August 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
meningitis type undeter- 3 days
mined.

Due to Unknown

Due to _____

Other conditions None 8/10
(Include pregnancy within 3 months of death)

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? _____

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

23. Signature J. H. Owens (M. D. or other) _____

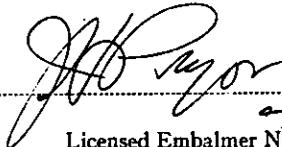
Address Kansas City, Mo. Date signed 8-19

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

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. 2999

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.