

FILED DEC 15 1943

Registration District No. _____

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 6211 Cleveland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(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 James A. Owings

3. (b) If veteran, name war _____

3. (c) Social Security No. 498-12-5055

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2nd year 1943 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct. 25 1943 to Nov 2nd 1943 that I last saw him alive on Nov 2nd and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Adeline

6. (c) Age of husband or wife if alive 29 years (Day) (Year)

7. Birth date of deceased Aug 29th 1867
(Month) (Day) (Year)

Immediate cause of death Pneumonia

Due to Exposure

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 10911

Of operations _____

Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation Plumber

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Owings

13. Birthplace D.K. 9
(City, town or county) (State or foreign country)

14. Maiden name Deled Craig 9
(City, town, or county) (State or foreign country)

15. Birthplace D.K. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. A. Owings

(b) Address Mo

17. (a) Burial (b) Date thereof Nov 5th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mathew and Son
(b) Address Moberly Mo

19. (a) 11-5-43 (b) Irma Kaul
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? no (Specify type of place) (e) Means of injury _____

23. Signature W. H. Meagle (M. D. or other) _____
Address Moberly Mo. Date signed 11/3/43

Duration 9 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1686

RECEIVED
District Health Officer No. 10
District File Number 12-43-1924
Date Filed DEC 13 1943

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 Frank B De Witt

Licensed Embalmer No. 3021

P. O. Address Mobaly, 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.