

FILED JAN 10 1944

Registration District No. 27

Primary Registration District No. 2005

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution:
W Ohio Street
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Butler
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Andrew Baker Owen

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 Edna F. Owen

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased: Sept 18 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>3</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Near Sedalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer and

11. Industry or business Co. Officer

12. Name Creighton Owen

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

14. Maiden name Elizabeth Maggard

15. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs A B Owens

(b) Address Butler Mo

17. (a) Burial (b) Date thereof Dec 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Cutvers

(b) Address Butler Mo

19. (a) 12-29-43 (b) Rudene Crompton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26
year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased Jan 4 1944 to Dec. 26 1943
that I last saw him alive on Dec. 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Myocarditis; Broncho-pneumonia

Due to _____

Due to Chr. Myocarditis

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

Major findings: _____

Of operations: _____

Of autopsy: 93d

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 employment)

(c) Means of injury _____

23. Signature Charles Wheeler M.D.
Butler Mo (M. D. or other)
Date signed 12/27

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7.

District File Number 12-43-1494

Date Filed 1-7-44

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 C. E. Coulter

Licensed Embalmer No. 2576

P. O. Address Butte 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.