V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10050

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1057

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 Vineyard Park 3 25th & Locust (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1/1/44 to 2/29/44 (Specify whether

In this community 44 to 44 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 1322 East 27th (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME James Felix Owens

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Minnie D. Owens

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased January (Month) 27 (Day) 1855 (Year) 1856

8. AGE: Years 88 Months 1 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace St. Charles Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Retired

FATHER
12. Name James F. Owens
13. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Eliza J. Johnson
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. D. A. Holmes

(b) Address 516 W. 9th Stillwater Okla.

17. (a) ~~removal~~ (Burial, ~~cremation, or removal~~) (b) Date thereof 3-2-44 (Month) (Day) (Year)

(c) Place: burial or cremation Hardin Mo.

18. (a) Signature of funeral director R K Boggess

(b) Address Ridgeway Mo

19. (a) 3-6-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 29 year 1944 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Jan 1, 1944, to Feb 29, 1944; that I last saw him alive on Feb 29, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis + Cephalomalacia	10 days
Due to: Arteriosclerosis	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations [illegible]

Of autopsy [illegible]

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 J. E. Shelda (M. D. or other)

Address 922 [illegible] Date signed 3-4-44

(Licensed Embalmer's Statement on Reverse Side)

MAY 17 1944

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 Embalmed by George & Son. At Grand View Mo Registered Apprentice No. Lar - working under my personal supervision.

Signed R R Boggess

Licensed Embalmer No. 3576

P. O. Address Ridgeway 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.