

No. 2
-2-43
5-17-39
X35697

FILED APR 18 1945-6
Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
305 Jackson Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 52 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 305 Jackson Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1944 hour 12 minute A.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw the deceased alive on Dec 20 or one hour before
and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 94 lb
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Wilbur J. 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 Myrtle Owen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 17, 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation Circuit Court Judge

11. Industry or business Jasper County

MOTHER FATHER { 12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Owen

(b) Address 305 Jackson, Joplin, Missouri

17. (a) burial (b) Date thereof 3/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 3-18-44 (b) Arthur J. Hunsaker
(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) _____
(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)
Signature Dr. Webster Brown (M. D. or other)
Address Carthage Mo Date signed May 17 44

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

443-261

OCT 10 1945

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 F. M. Jones.....

Licensed Embalmer No. 2319.....

P. O. Address Joplin 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.