S. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1944

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14712

Primary Registration District No. ~~2000~~ 5465

Registrar's No. 305

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: ~~Springfield~~ Rural, N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. #5
(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) In this community 67 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Greene

(c) City or town: ~~Springfield~~ N. Campbell Twp.
(If outside city or town limits, write "RURAL")

(d) Street No.: R.F.D. #5
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country: ✓

3. (a) PRINT FULL NAME: MYRTIE L. OWEN

3. (b) If veteran, name war: NONE

3. (c) Social Security No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife: Unk.

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

7. Birth date of deceased: May (Month) 22 (Day) 1876 (Year)

8. AGE: Years ✓ 67 Months 10 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace: GREENE CO. (City, town, or county) MO. (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business: at Home

FATHER
12. Name: W. S. OWEN
13. Birthplace: Greene Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Mary E. Renfro
15. Birthplace: Unk. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Irma Owen
(b) Address: Springfield Mo. R.#5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 6-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Robberson Prairie Cem

18. (a) Signature of funeral director: G. W. Lingner & Co.
(b) Address: Springfield Mo.

19. (a) 4-6-44 (Date received local registrar) (b) B. M. Hackley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4 year 1944 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from 3-30-44, 19..., to 4-4-44, 19...; that I last saw her alive on 4-3-44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Degeneration Heart Disease	4-5 mo.
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: G. Simpson M.D. (M. D. or other)
Address: Springfield, Mo. Date signed

984 (Licensed Embalmer's Statement on Reverse Side)

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. 4071

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.