S. No. 2
—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21041

FILED JUL 7 1944

Registration District No. 3922

Primary Registration District No. 5-114

Registrar's No. 41

1. PLACE OF DEATH:
(a) County Bollinger.
(b) City or town Greenbrier. Wayne Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community All his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Bollinger
(c) City or town Greenbrier
(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 0

3. (a) PRINT FULL NAME David Moore Owens.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 30 (Day) 1878 (Year)

8. AGE: Years 66 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Saw mill man.

11. Industry or business

FATHER
12. Name Francis M Owens.
13. Birthplace (City, town, or county) Kentucky. (State or foreign country)

MOTHER
14. Maiden name Cowan, Kentucky.
15. Birthplace (City, town, or county) Kentucky. (State or foreign country)

16. (a) Informant Helen Owens Gibbs
(b) Address 4418, Raven Wood, ST, Louis. Mo,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Baker Cem. Lutesville

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo

19. (a) June 9/1944 (Date received local registrar) (b) Mrs. Geneva Graham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jume day 7th year 1944 hour 4.30 minute P M.

21. I hereby certify that I attended the deceased from May, 1944, to June 7, 1944, that I last saw him alive on June 10, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 E. C. Masters (M. D. or other) MD.
Address Advance, Mo. Date signed 6-9-44

1065

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 744-4032
Date Filed 7-6-44

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: J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.