

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage

(c) Name of hospital or institution: McCune Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three hours
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Jasper 0
(If outside city or town limits, write "RURAL")

(d) Street No. East Grand Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Emma Owings

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 Widowed

6. (b) Name of husband or wife Marion Owings

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

7. Birth date of deceased June 19 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 11 29 hr. min.

9. Birthplace Callaway Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business Same

MOTHER FATHER { 12. Name Elisha Roberts

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

14. Maiden name Mary A. McMahon

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

16. (a) Informant R.L. Roberts

(b) Address Jasper, Mo.

17. (a) Burial (b) Date thereof June 20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paradise Cem.

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper, Mo.

19. (a) June 20 '44 (b) E. Elizabeth Complin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th.
year 1944 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw _____ live on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Fracture of Right leg and head injuries

Due to being struck by automobile

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

1700-8

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) Accidental

(b) Date of occurrence June 17 1944

(c) Where did injury occur? Jasper Jasper Mo
(City or town) (County) (State)

(d) Did injury occur on or about home, on farm, in industrial place, in public place?
Public Street

While at work _____ (Specify type of place) (e) Means of injury Automobile

23. Signature Chas. J. Teeter (M. D. or other) Coroner

Address Carthage Mo Date signed June 19 1944

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

49
3

1303

44-6-534

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. 2510
working under my personal supervision.

Signed Lucy Kneel - Bucknell

Licensed Embalmer No. 2510

P. O. Address Carthage, 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.