

FILED JUL 2 1944
Registration District No. **2198**

Primary Registration District No. **5960**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **Platte**
(b) City or town **Carden Point Rural Green Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether
In this community **74 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Platte** **83**
(c) City or town **Carden Point Rural** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Green Twp** **0**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Andrew Barleson Owens**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Margaret Owens** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **Dec. 7 1869**
(Month) (Day) (Year)

8. AGE: Years **74** Months **6** Days **4** If less than one day **hr. min.**

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

10. Usual occupation **Farmer**

11. Industry or business **general farming**

MOTHER FATHER { 12. Name **John T. Owens**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Elnerva Dean**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Margaret Owens**
(b) Address **Platte City, Missouri**
17. (a) **Burial** (b) Date thereof **6/13/1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Carden Point Mo.**

18. (a) Signature of funeral director **Luian Davis**
(b) Address **Dearborn Missouri**
19. (a) **6/12/44** (b) **ms Clay Riffe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11**
year **1944** hour **7** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan. 20th**
1943 to **June 11th** **1944**
that I last saw him alive on **June 9th** **1944**
and that death occurred on the date and hour stated above.
Immediate cause of death **myocarditis** Duration **2 years**

Due to **Rheumatic Fever** **2 years**

Due to **Myocarditis** **5 years**

Other conditions **Myocarditis**
(Include pregnancy within 3 months of death)
Major findings: **93d**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **S. P. Luskam** (M. D. or other) _____
Address **Dearborn, Mo** Date signed **6-13-44**

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

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed _____

OCT 7 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 _____

Licensed Embalmer No. 4190

P. O. Address Dearborn

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

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