

FILED AUG 21 1944
Registration District No. **42**

Primary Registration District No. **1600**

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

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri Methodist Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **over 30 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **2725 So 21st**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **James Fred Owings**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **491-09-9786**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Lucy L. Owings**
6. (c) Age of husband or wife if alive **23** years
7. Birth date of deceased **Sept 23 1882**
(Month) (Day) (Year)

8. AGE: Years **61** Months **10** Days **26**
If less than one day hr. _____ min. _____

9. Birthplace **Moberly Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Supervisor**

11. Industry or business **Quaker Oats Co.**

MOTHER FATHER {
12. Name **George William Owings**
13. Birthplace **Middle Grove, Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Osie Ana Stephens**
15. Birthplace **Middle Grove, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **A.R. Owings**

(b) Address **Detroit, Mich.**

17. (a) **Burial** (b) Date thereof **8-21-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Fleeman & Son Inc.**

(b) Address **St Joseph, Mo.**

19. (a) **8/19/44** (b) **J. Helen J. Pickett**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **18**
year **1944** hour **9** minute **15** P. M.

21. I hereby certify that I attended the deceased from **Aug 1st**
1944 to **Aug 18 - 1944**
that I last saw him alive on **Aug 18 - 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Oedema**
Duration **3 days**
Due to **Cerebral Sclerosis** **2 wks**

Due to **arterial Sclerosis** **7 yrs**

Other conditions (include pregnancy within 3 months of death)

Major findings: **None** **JFD**
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 **0**

23. Signature **Paul Jorgensen** (M. D. or other)
Address **St Joseph, Mo** Date signed **8-18-44**

AUG 23 1944

OCT 1 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. 3308

P. O. Address..... St Joseph 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.