

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED OCT 10 1944

State File No. \_\_\_\_\_

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 309

1. PLACE OF DEATH:

(a) County Lape Girardeau  
 (b) City or town Lape Girardeau  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 215 No. Ellis St  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
 In this community 15 yrs  
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME AGNES M. OWENS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Oliver A. Owens 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased June 17 1895  
 (Month) (Day) (Year)

8. AGE: Years 49 Months 3 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business Housework

MOTHER FATHER { 12. Name Jackson Davis  
 13. Birthplace Houston Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mattie Rutliff  
 15. Birthplace Salisbury Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant O. A. Owens  
 (b) Address Lape Girardeau, Mo.

17. (a) Burial (b) Date thereof Sept 23-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walthus Und. Soc  
 (b) Address Lape Girardeau, Mo.

19. (a) 9-22-44 (b) F. W. Phelps  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lape Girardeau  
 (c) City or town Lape Girardeau 16  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 215 No. Ellis St 1  
 (If rural, give location) 4  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country ✓ D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21<sup>st</sup>  
 year 1944 hour 1 minute 40 P. M.  
 21. I hereby certify that I attended the deceased from 1-1944 to 9-21-1944

that I last saw her alive on 9/21/1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer (Breast)

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 50  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury ✓

23. Signature W. H. Cleregh (M. D.) or other \_\_\_\_\_  
 Address 323 Bldg Lape Girardeau Date signed 9/22/44

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

6  
1  
4

11/4

RECEIVED

District Health Officer No. 4  
District File Number 1044-4414  
Date Filed 10-9-44

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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 Virgil W. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau - 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.**