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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1944

Registration District No. 275

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3053

State File No. 31503

Registrar's No. 113

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

101
2
2

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla
(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) 1

(d) Length of stay: In hospital or institution (Specify whether
In this community about 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")

(d) Street No. 505 W 4th Street 2
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ollie Owens

3. (b) If veteran, name war

3. (c) Social Security No. 498-03-5311

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ethelyan B. Owens

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April (Month) 10, (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	4	21	hr. min.

9. Birthplace Belle (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Police Night Watchman

11. Industry or business

FATHER
12. Name James C. Owens
13. Birthplace Belle (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Eliza C. Lowe
15. Birthplace Bland (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Ethelyan Owens
(b) Address Rolla, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Alfred T. Smith
(b) Address Rolla, Mo.

19. (a) 9-1-1944 (Date received local registrar) (b) Ellis Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1944 hour 2 minute 32 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw him dead August 31, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed Chest, Internal Hemorrhage, Mangled Right Leg. Broken Left Leg. Broken shoulder (L) — Duration

Due to Being run over by Railway Train.

Due to

Other conditions
(Include pregnancy within 3 months of death)

169.6
20

Major findings:
Of operations XX

Of autopsy XX

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) Accident 081

(b) Date of occurrence August 31, 1944

(c) Where did injury occur? Rolla (City or town) Phelps (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Station Platform Rolla Missouri
(Specify type of place)
While at work? yes (e) Means of injury see above

23. Signature R S Nell 3 (M.D. or other) Coroner.
Address Rolla, Missouri Date signed 9-1-44

1092

(Licensed Embalmer's Statement on Reverse Side)

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. 3643

P. O. Address Aurora, 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.