V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31883

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 19

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Sweet Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
207 Bridge Street - Sweet Springs Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community Whole Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Sweet Springs 3
(If outside city or town limits, write "RURAL")
(d) Street No. 207 Bridge street 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM OWENS

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased September (Month) 5 (Day) 1868 (Year)

8. AGE: Years 75 Months 11 Days 29 If less than one day hr. min.

9. Birthplace Sweet Springs (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer Retired

11. Industry or business General Farm Work

FATHER
12. Name William Owens
13. Birthplace Lover (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Sarah E Bright
15. Birthplace Saline County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Nelle Owens Smith
(b) Address Sweet Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Sweet Springs Mo

18. (a) Signature of funeral director Jesse Hawey
(b) Address Sweet Springs Mo

19. (a) Sept 5-44 (Date received local registrar) (b) Mrs Dora Hoffmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 4, 1944, to Sept 4, 1944
that I last saw him alive on Sept 4, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration 5 mo

Due to —

Due to —

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

Major findings:
Of operations Income

Of autopsy

94 b

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature A H Ringen (M. D. ~~or other~~)
Address Sweet Springs Mo Date signed 4-5-44

1218

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Filed 10-11-77

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 Jesse Harvey

Licensed Embalmer No. 2214

P. O. Address Sweet Springs 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.