

FILED NOV 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33353

State File No.

Registration District No.

Primary Registration District No. 1002

Registrar's No.

4279

1. PLACE OF DEATH: Jackson
(a) County: Jackson
(b) City or town: Kansas City
(c) Name of hospital or institution: 1300 Brooklyn
(d) Length of stay: In hospital or institution. 36 yrs.

2. USUAL RESIDENCE OF DECEASED: Jackson 42
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City
(d) Street No.: 1300 Brooklyn
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME: Bell Owens
3. (b) If veteran, name war: no
3. (c) Social Security No.: none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Oct day: 20 year: 1944 hour: 2:30 minute: 30 P.M.

4. Sex: Female
5. Color or race: Col
6. (a) Single, widowed, married, divorced: wid
6. (b) Name of husband or wife: Geo. Owens
6. (c) Age of husband or wife if alive: 18 years
7. Birth date of deceased: Feb 1 1871

21. I hereby certify that I attended the deceased from April 14 1944 to April 10 1944
that I last saw him alive on April 10 1944 and that death occurred on the date and hour stated above.

8. AGE: Years: 73 Months: 8 Days: 20
If less than one day: 19 hr. min.

Immediate cause of death: Valvular Heart disease
Duration

9. Birthplace: Leavenworth Kan.
(City, town, or county) (State or foreign country)

Due to: Chronic Interstitial Nephritis
Due to:

10. Usual occupation: Housework

Other conditions: 1315
(Include pregnancy within 5 months of death)

11. Industry or business:
12. Name: Unk
13. Birthplace: Unknown
14. Maiden name: Unknown
15. Birthplace: Unknown

Major findings:
Of operations:
Of autopsy:

16. (a) Informant: Miss Jackson
(b) Address: 8719 Olive

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof: 10-25-44
(c) Place: burial or cremation: Lincoln

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director: [Signature]
(b) Address: 1229 Lydia
19. (a) [Signature] (b) Date received local registrar: Oct 25, 1944 (c) Registrar's signature: J. E. Brown

23. Signature: L. V. Miller (M. D. or other)
Address: 1203 Papeo Date signed: 10/27/44

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

MOTHER, FATHER

341

(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 *JJ Marlowe*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2573 Highland*.....

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.