U. S. No. 2
10M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33984

State File No. .....

Registration District No. 69 Primary Registration District No. 5270 Registrar's No. 7

1. PLACE OF DEATH:

(a) County: Christian

(b) City or town: Ozark — Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lincoln Twp 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Christian

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: Lincoln Twp. (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: John Alec Owens

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

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

6. (b) Name of husband or wife: Sudie Jane Owens 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Aug. (Month) 12 (Day) 1853 (Year)

8. AGE: Years 90 Months ..... Days 11 If less than one day ..... hr. ..... min.

9. Birthplace: Holtown (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business .....

MOTHER FATHER

12. Name: Geo. Owen

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Hulda Owen

15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Ida Merritt Hurst

(b) Address: Billings Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 25. 44 (Month) (Day) (Year)

(c) Place: burial or cremation: Kerr Chapel

18. (a) Signature of funeral director: A S Wallace

(b) Address: Billings Mo

19. (a) Aug. 24-44 (Date received by local registrar) (b) Mary F. Spears (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23 year 1944 hour 7 PM minute ..... M.

21. I hereby certify that I attended the deceased from July 1 ....., 1942 to Aug 23 ....., 1944 that I last saw him alive on Aug 21 ....., 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Fatty Degeneration of the Heart

Due to: Senility

Due to .....

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

Major findings: Of operations: none

Of autopsy: none

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: E R Beal M.D. (M. D. or other)

Address: Republic Mo Date signed 8/24/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 944.1025
Date Filed SEP 8 1944

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 my asst, Registered Apprentice No. 2175, working under my personal supervision.

Signed A. S. Wallace

Licensed Embalmer No. 2175

P. O. Address Billings 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.