

FILED DEC 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38333

State File No.

Registration District No. 270

Primary Registration District No. 4322

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Merced

(b) City or town Princeton
(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 all her life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Merced ⁶⁵

(c) City or town Princeton ¹
(If outside city or town limits, write "RURAL") ⁶

(d) Street No. (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Martha J. Owens

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1944 hour 8 minute 50 a .M.

21. I hereby certify that I attended the deceased from March 1919
....., 19....., to Nov. 23....., 1944;
that I last saw her alive on Nov. 22....., 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased May 30 1867
(Month) (Day) (Year)

Immediate cause of death Cardio-vascular-renal disease with special reference to degree of renal involvement. ^{Duration}

Due to Senility 20 yrs.

During this time has two cerebral accidents; also one fracture rt femur neck.

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

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>5</u>	<u>23</u>	hr. min.

9. Birthplace Mo 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name J. L. Powell

13. Birthplace Mo 1
(City, town, or county) (State or foreign country)

14. Maiden name Kildare

15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Owens

(b) Address Kansas City Mo

17. (a) Burial (b) Date thereof 11-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Neil Moss

(b) Address Princeton Mo

19. (a) 11-25-44 (b) Evan Martin
(Data received local registrar) (Registrar's signature)

Major findings:
Of operations 1054 **ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**

Of autopsy 41

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) Natural

(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) (e) Means of injury

23. Signature A. B. Gristow (M. D. or other) MO

Address Princeton, Mo Date signed 11/23/44

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

5-1-0

1367

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul Rose
Licensed Embalmer No. 2634
P. O. Address Penular Me

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.