

V. S. No. 2
00M-5443
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11075
Registrar's No. 151

FILED JAN 10 1945
Registration District No. 107

Primary Registration District No. 3019

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

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Kennett mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Presnell
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Azzie Lee Owens
 3. (b) If veteran, name war. _____
 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Langston Owens
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Don't know
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 40 _____ hr. _____ min.

9. Birthplace Don't know GA
 (City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business _____

12. Name Don't know

13. Birthplace Don't know GA
 (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know GA
 (City, town, or county) (State or foreign country)

16. (a) Informant Spence Massey

(b) Address Caldwell St Kennett

17. (a) Burial (b) Date thereof 12-4-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Logg and Co

(b) Address Kennett mo

19. (a) 12/9/44 (b) Jura Blankenship
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
 (c) City or town Malden G. O.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1
 year 1944 hour 12:00 minute A. M.
 21. I hereby certify that I attended the deceased from 11-28, 1944, to 12-1, 1944
 that I last saw her alive on 12-1, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 2 days
 Due to Chronic nephritis 3 mos.

Other conditions Hypertension, cardio-vascular heart disease
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy 1316

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) _____
 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 L C Wilson (M. D. or other) MD
 Address Kennett Mo Date signed 12-7-44

901

RECEIVED

District Health Office No. 2,

District File Number 145-14

Date Filed 1-5-44

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 Walter A. Hawperis

Licensed Embalmer No. 2007

P. O. Address Hennelth 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.