

S. No. 2  
M-8-43  
V. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2022  
Registrar's No. 4

FILED FEB 9 1945

Primary Registration District No. 5289

400  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Platte  
(b) City or town North Kansas City, Mo.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clay  
(c) City or town North Kansas City, Mo. (If outside city or town limits, write "RURAL")  
(d) Street No. Renton # 5 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME SALLY ANN OWENS  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 7 year 1945 hour 11 minute 45 A.M.  
21. I hereby certify that I attended the deceased from 1/10/45 to 7/7/45  
that I last saw her alive on 1/10/45 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race white  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband Sam A. Owens  
6. (c) Age of husband or wife if alive 11 years (Day) (Year)

Immediate cause of death  
Acute myocardial infarction  
Due to chronic myocarditis

8. AGE: Years 76 Months 5 Days 76 If less than one day hr. min.

Other conditions (Includes pregnancy within 3 months of death)  
Major findings: Of operations 930  
Of autopsy

9. Birthplace Alpha Clinton Co Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business  
12. Name Thomas Burris  
13. Birthplace Ky  
14. Maiden name Parke Jones  
15. Birthplace Ky

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

16. (a) Informant Mrs. Martha Lindsay  
(b) Address Rt 8 North Kansas City Mo

17. (a) Burial (b) Date thereof July 9 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fairview Liberty Mo

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?

18. (a) Signature of funeral director G. L. ...  
(b) Address Liberty Mo  
19. Jan 8 - 1945 (Data received local registrar) (b) Paul W. Henry (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury  
23. Signature P. H. ... (S. O. or other) 1/11/45  
Address North KC Mo Date signed

Cause No. 8

File Number

Date Filed

1-25-45

**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: *Edgar Archer*.....

Licensed Embalmer No. *3311*.....

P. O. Address. *Liberty, 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.**