

FILED MAR 12 1945  
Registration District No. 2056

Primary Registration District No. 2056

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

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1225 Buchanan  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1225 Buchanan  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Owens

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife B.H. Owens 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased: May 20th 1873  
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 2 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Schumaker  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Russell  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant B. H. Owens  
(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Feb 24th 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Melhan and Son  
(b) Address Moberly

19. (a) 2-24-45 (b) Jane Russell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22nd  
year 1945 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from Feb. 21  
1945 to Feb. 22 1945  
that I last saw her alive on Feb. 22, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day

Due to Contributory cause: Hypertension.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 94a  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
(Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Jane Russell (M. D. or other) \_\_\_\_\_  
Address 300 1/2 W. Reed, Moberly Date signed 2/24/45

RECEIVED

District Health Officer No. 10

District File Number 3-45-517

Date Filed MAR 9 1945

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.