V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1945

Registration District No. 199

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8743

Registrar's No. 1023

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1508 E. 14th. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community About 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 1508 E. 14th. St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Laura Owens

3. (b) If veteran, name war no -

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife John Owens

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

7. Birth date of deceased November (Month) 11 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	3	17	hr. min.

9. Birthplace Howard County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation None

11. Industry or business

FATHER
12. Name Jim Weathers
13. Birthplace Unknown (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Martha Cooper
(b) Address 1508 E. 14th. St, K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine St. K.C., Mo.

19. (a) 3-3-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1945 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death Duration

Acute Dilatation of Heart

Due to

Due to 95C 4

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Jurs - History

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)

While at work? (e) Means of injury

23. Signature L. Richardson (M. D. or other)

Address 1832 Vine Date signed 3-2-45

(Licensed Embalmer's Statement on Reverse Side)

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 E. Sterling Bells

Licensed Embalmer No. 3178

P. O. Address 1212 Vine K.C.

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.