S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10072

State File No.

Registration District No. 176 Primary Registration District No. 5656 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Lawrence County

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

(c) Name of hospital or institution: 0 (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Green~~ Lawrence

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

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Samson B Owens

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Feb (Month) 5 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
84	1	—	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Richard Owens
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Garoutte
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Nan White

(b) Address Bois D'Arcs R 1

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

(c) Place: burial or cremation Garoutte Cty

18. (a) Signature of funeral director A S Wallace

(b) Address Billings Mo

19. (a) Mar 8 (Date received local registrar) (b) Anna Whinney (Registrar's signature)

1182

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1945 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from March 4, 1945, to March 5, 1945 that I last saw him alive on March 5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Internal injuries sustained in a fall

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) accident

(b) Date of occurrence March 4 - 1945

(c) Where did injury occur? Halltown, Lawrence Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home (Specify type of place)

While at work? yes (e) Means of injury fall

23. Signature S. M. Clark, M.D. (M. D. or other)

Address Halltown, Mo Date signed 3-7-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 345 - 353
Date Filed MAR 23 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 Me, Registered Apprentice No., working under my personal supervision.

Signed A. L. Wallace

Licensed Embalmer No. 2175

P. O. Address Billings 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.