S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1945

Registration District No. [illegible]

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5764

State File No. 10191

Registrar's No. 15

1. PLACE OF DEATH:

(a) County MARION

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

(c) Name of hospital or institution: MONROE CITYR.F.D.4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 75 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MARION 64

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

(d) Street No. MONROE CITY R.F.D.4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ARCHIABALD OWEN

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 WIDOWED

6. (b) Name of husband or wife Ethel Baxter Owen

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

7. Birth date of deceased APRIL (Month) 17 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
75	11	4	hr. min.

9. Birthplace RALLS COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER (Retired) 10Yrs

11. Industry or business

FATHER
12. Name ISAAC OWEN
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name ABRIGIL DAWSON
15. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant [signature]
(b) Address [illegible] MD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 18/45 (Month) (Day) (Year)

(c) Place: burial or cremation St JUDES MONROE CITY

18. (a) Signature of funeral director [signature]
(b) Address MONROE CITY MO

19. (a) 3-18-45 (Date received local registrar) (b) M. Maddox (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 14 year 1945 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct. 30, 1927, to March 14, 1945 that I last saw him alive on March 14, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Dissecting aneurysm of the transverse aorta	5 yrs.
Due to Syphilis	35 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 30 yr
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)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Monroe City Mo Date signed 3/17/45

1145

(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 By Me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P.O. Address Monroe City 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.