

No. 2
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X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20858

FILED JUL 13 1945

State File No. _____

Registration District No. 212

Primary Registration District No. 4322

Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County Mercer

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

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

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

3. (a) PRINT FULL NAME GEORGE OWENS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased: June 3 1861
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>83</u>	<u>11</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name E. S. Owens

13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Smith

15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alfred Mullins

(b) Address Cainsville, Missouri.

17. (a) Burial (b) Date thereof May 31 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Godhon

18. (a) Signature of funeral director [Signature]

(b) Address Cainsville, Missouri

19. (a) 6-2-45 (b) Evan Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1945 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 5, 1945, to May 29, 1945 that I last saw him alive on May 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis 10 day.

Due to Chronic Bronchitis 20 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations g. 30

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Evan Martin (M. D. or other) MO

Address Princeton mo Date signed 2-31-45

1367

AUG 2 1949

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, *dy*.....

Eddie J. Stoklassa

Registered Apprentice No.

working under my personal supervision.

RECEIVED

District Health Officer No. 11,

District File Number

Date Filed

Signed: *E. J. Stoklassa*

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

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.