U. S. No. 2
90M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1945

State File No. 30092

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 242

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 405 Locust St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Owsley, Margaret Ann
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 Owsley, J. W.
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased April (Month) 22 (Day) 1878 (Year)

8. AGE: Years 67 Months 4 Days 25 If less than one day hr. min.

9. Birthplace i ri (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Stegeman, Herman
13. Birthplace Taos (City, town, or county) Missouri (State or foreign country)
14. Maiden name Talken, Catherine
15. Birthplace Taos (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Owsley, James
(b) Address 405 Locust St., Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19 45 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson City
18. (a) Signature of funeral director R. O. Willett
(b) Address Columbia Mo
19. (a) Sept 18 1945 (Date received local registrar) (b) Mrs R. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16 year 1945 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from September 14, 1945, to September 16, 1945; that I last saw her alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolus	24 hrs
Due to: Thrombus in r. femoral vein	
Due to:	
Other conditions: Carcinoma of Cervix (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy See above

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
23. Signature J. Mackerman (M. D. or other) M.D.
Address: Cancer Hospital Columbia Mo Date signed 9/16/45

1425

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 9-25-45

SEP 26 1945

SEP 26 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.....

Licensed Embalmer No. 3183

P. O. Address Columbia Mo.

SEP 26 1945

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.