S. No. 2
1—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30425

Registration District No. 92 Primary Registration District No. 5331 Registrar's No.

1. PLACE OF DEATH:
(a) County: Dade
(b) City or town: Arcola Rollin Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: #
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Dade 29
(c) City or town: Arcola
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: William Claud Owens
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M O
5. Color or race: W
6. (a) Single, widowed, married, divorced: M 1
6. (b) Name of husband or wife: Grace Owens
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: May (Month) 23 (Day) 1883 (Year)

8. AGE: Years 62 Months 3 Days 18 If less than one day hr. min.

9. Birthplace: Ill. 1 (City, town, or county) (State or foreign country)
10. Usual occupation: Merchant
11. Industry or business: ~~William Thomas Owens~~
FATHER 12. Name: William Thomas Owens
FATHER 13. Birthplace: Iowa 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Apple
MOTHER 15. Birthplace: Ind. 1 (City, town, or county) (State or foreign country)
16. (a) Informant: W Owens
(b) Address: Arcola Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Hall Cemetery
18. (a) Signature of funeral director: Church + Neale
(b) Address: Stockton Mo.
19. (a) 10-4-45 (Date received local registrar) (b) Mary Beth Bird (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9 year 1945 hour 11° minute 30 P.M.
21. I hereby certify that I attended the deceased from March 1-45 to Sept 9 1945 that I last saw him alive on Aug 1 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: None
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: J. O. Conway (M. D. or other)
Address: Greenfield Date signed 9-22-45

1402

(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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.