U. S. No. 2
00M—5-43
Rev. 5-17-39
No. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36324
State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4898

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

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1700 EAST 8TH. ST. (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: 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City mo (If outside city or town limits, write "RURAL")
(d) Street No.: 1700 E. 8 St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: GEORGE ~~Corbett~~ Corbett OWEN
3. (b) If veteran, name war: World war #1
3. (c) Social Security No.: 499-16-3360
4. Sex: MALE
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: MARTHA OWEN
6. (c) Age of husband or wife if alive: 41 years
7. Birth date of deceased: Nov (Month) 8 (Day) 1893 (Year)

8. AGE: Years 52 Months 0 Days 18 If less than one day hr. min.

9. Birthplace: Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Peddler + Huckster
11. Industry or business:
12. Name: Willis Owen
13. Birthplace: Mo (City, town, or county) (State or foreign country)
14. Maiden name: Mildred Wear
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Martha Owen
(b) Address: 1700 E 8 St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 29-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood
18. (a) Signature of funeral director: Mrs C. L. Forster
(b) Address: 918-920 Brooklyn - KC. Mo.
19. (a) 11-28-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1945 hour 4 minute 3:0 P M.
21. I hereby certify that I attended the deceased from Brain, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary sclerosis
Due to: Arteri sclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death): 94W
Major findings: Of operations:
Of autopsy: Hascoy + Impedimin

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)
(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: [illegible] (M. D. or other)
Address: 1424 City Hall Date signed 11-27-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Morgan
Prof. Bldg

JAN 14 1946

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 Joe B. Yoder
Licensed Embalmer No. 4173
P. O. Address 918 Brooklyn
KC. 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No.
Local Registrar's No. 4898

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11th day of February, 1946, before me appears Mrs. Martha Owen, who, upon her oath, states that the original record of ~~birth~~ death for George Corbett Owen, ~~born~~ died 11-26, 1945, in the State of Missouri, and which was filed at K.C. Mo. on 11-28, 1945, should be corrected as follows:

Item No. 3 should read George Corbett Owen

Instead of George Corbert Owen

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Martha Owen

Relationship. Informant

1700 E. 8th St.

Present Address.

Subscribed and sworn to before me this 11th day of Feb, 1946

My Commission expires Oct. 20, 1947 Carrie M. Ruppelius Notary Public.

S. 135
4-43
X36667

36324