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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

Registration District No. 42

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 4671

Registrar's No. 233

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

3695

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. JOSEPH HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (specify whether
In this community ——— 12 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Cameron 1
(If outside city or town limits, write "RURAL")

(d) Street No. ——— 1
(If rural, give location)

(e) Citizen of foreign country? No — (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME MRS. CARRIE OWEN.

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 Widowed

6. (b) Name of husband or wife ~~not known~~ K.E.

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

7. Birth date of deceased 5 — (Month) 18 — (Day) 1860 (Year)

8. AGE: Years 85 Months 9 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Kingston (City, town, or county) Ind (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Dr. J. H. Wiley
13. Birthplace — Penn (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Angeline Antrobus
15. Birthplace — Ind (City, town, or county) (State or foreign country) 1

16. (a) Informant Allen Sharp

(b) Address 1540 No Van Buren Attumwa Ia.

17. (a) Removal ~~(Burial, cremation, or removal)~~ (b) Date thereof 2-22-46 (Month) (Day) (Year)

(c) Place: burial or cremation Cameron Mo.

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph Mo.

19. (a) Feb. 26, 1946 (Date received local registrar) (b) [signature] (Registrar's signature) by V.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22nd year 1946 hour 7 hrs. minute 50 A.M.

21. I hereby certify that I attended the deceased from 10 February 1946 to 22 February 1946 that I last saw her alive on 21 February 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Carcinoma of the bladder	6-8 mos.
(2) Cerebral arteriosclerosis with	
Due to left cerebral vascular thrombosis	2 weeks
(3) Due to Generalized arteriosclerosis	4-5 years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 15 Feb. 46 Cystoscopy revealed large carcinoma of bladder
Of autopsy ———

52 b

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 Thompson E. Potter M.D. (M. D. or other) 0

Address 415 Corby Bldg. Date signed 2/22/46

34 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, 9, Mo.

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 Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.