

FILED APR 6 1946  
209

3043

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

1. PLACE OF DEATH:  
(a) County Marion  
(b) City or town Hannibal  
(c) Name of hospital or institution: St. Elizabeth Hospital  
(d) Length of stay: In hospital or institution 8 days  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Audrain  
(c) City or town Mexico  
(d) Street No. 420 North Cole  
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME James Joseph Owens  
(b) If veteran, name war (c) Social Security No. NONE

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 22, 1930 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
15 7 16 hr. 0 min.

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

10. Usual occupation Student

11. Industry or business Hannibal Clothing Company

12. Name John A. Owens  
13. Birthplace Ho. near Prairie City, Iowa (City, town, or county) (State or foreign country)  
14. Maiden name Marion Piper  
15. Birthplace Toledo, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Dr. John A. Owens  
(b) Address Mexico Missouri

17. (a) Burial (b) Date there 7/10/46 (c) Place: burial or cremation ELM Wood & Co. Mexico Missouri

18. (a) Signature of funeral director (b) Address 902 Broadway Hannibal

19. (a) 3-11-46 (b) 286 M. L. (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 8 year 1946 hour 4 minute 15 P.M.  
21. I hereby certify that I attended the deceased from 2-28 1946 to 3-8 1946 that I last saw h. m. alive on 3-8 1946 and that death occurred on the date and hour stated above.

Immediate cause of death acute pancreatitis  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation acute pancreatitis  
Of autopsy 12 1/2  
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) Means of injury  
23. Signature (M. D. or other) Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
9023

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**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 Crawford Smith  
Licensed Embalmer No. 3814

P. O. Address Hannibal 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.**