

**FILED** APR 22 1946

Registration District No. **68**

Primary Registration District No. **419 4119**

Registrar's No. **38-39**

**1. PLACE OF DEATH:**

(a) County **Christian Mo.**  
(b) City or town **Ozark**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community **45 yrs**  
years, months or days)

**3. (a) PRINT FULL NAME**

**Jessie May Owens**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** / 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if

7. Birth date of deceased **July 2 1879**  
(Month) (Day) (Year)

alive \_\_\_\_\_ years  
(Day) (Year)

**8. AGE:**

Years **66** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Willard Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Seamstress**

11. Industry or business \_\_\_\_\_

12. Name **John H. Eliason**

**4**  
**Norway**  
(City, town, or county) (State or foreign country)

13. Birthplace \_\_\_\_\_

**Mary Johnson**  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

**Norway**  
(City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_

**Mike Owens**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ozark Mo.**

**Ozark Mo.**  
(City, town, or county) (State or foreign country)

(b) Address \_\_\_\_\_

**Burial** (b) Date thereof **Feb 21 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Cemetery**

**T. B. Chaffin**  
(City, town, or county) (State or foreign country)

18. (a) Signature of funeral director **Ozark Mo.**

**Ozark Mo.**  
(City, town, or county) (State or foreign country)

(b) Address \_\_\_\_\_

**Apr 9 1946** (Date received local registrar)

**Arleta Leonard** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **Christian**

(c) City or town **Ozark Mo.**  
(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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Feb** day **18**  
year **1946** hour **7** minute **35 P.M.**

21. I hereby certify that I attended the deceased from **Feb 6 1946** to **Feb 18 1946**  
that I last saw her alive on **Feb 18 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Apoplexy  
Paralysis Right side Body**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury **0**

23. Signature **J. H. Wade** (M. D. or other)

Address **Ozark Mo.** Date signed **3-11-46**

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

22  
0  
0

11467

RECEIVED

District Health Officer No. 6,

District File Number 446-519

Date Filed APR 17 1946

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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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.**