S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1946

State File No. 15580

Registration District No. ..... Primary Registration District No. 3000 Registrar's No. 152

**1. PLACE OF DEATH:**
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)
In this community 4 months

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Putnam 86
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Unionville 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Harold Lorrain Owings
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex MALE 0
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife ~~Effie~~ Owings
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased July (Month) - 9 (Day) - 1889 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 56 | 10 | 16 | hr. ..... min. |

9. Birthplace Putnam County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER 12. Name Isaac Newton Owings
13. Birthplace Cedar, Co (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Susan Hellen Brown
15. Birthplace Cedar, Co (City, town, or county) Missouri (State or foreign country)
16. (a) Informant L. Owings
(b) Address Memphis Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-28-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery
18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville, Mo. By J. W. Comstock
19. (a) 5-28-46 (Date received local registrar) (b) Hale Lambert (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 25 year 1946 hour 3 minute 40 P.M.
21. I hereby certify that I attended the deceased from April 8, 1946 to May 25, 1946 that I last saw him alive on May 25, 1946 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Septicemia | 2 days |
| Due to Pyelitis | 2 weeks |
| Due to ascending infection | months |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy 24 | |

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 Harry R. Agnew (M.D. or other) D.O.
Address Kirksville, Mo Date signed May 25, 46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-46-1198
Date Filed JUN 13 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 James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.**