

FILED JUL 9 1946

Registration District No. 42 Primary Registration District No. 5132

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Rural - Wayne Township
 (c) Name of hospital or institution: R.F.D. # 6 St. Joseph /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Lifetime (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan 11
 (c) City or town Rural - Wayne Township 0
 (d) Street No. R.F.D. # 6 St. Joseph 0
 (If outside city or town limits, write "RURAL")
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ROSE A. OWEN
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Clark M.
 6. (c) Age of husband or wife if alive dead years
 7. Birth date of deceased August 7, 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 68 10 10 hr. min.

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

10. Usual occupation Housekeeper
 11. Industry or business Home

MOTHER FATHER
 12. Name -Charles Bowman
 13. Birthplace Unknown Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Saphronia Jenkins
 15. Birthplace Unknown Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Lester C. Owen (son)
 (b) Address R.F.D. # 6, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 6/19/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation King Hill Cemetery

18. (a) Signature of funeral director John C. Rupp
 (b) Address 6054 Prior Ave., City

19. (a) June 19, 1946 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
 year 1946 hour 5 minute 00 A.M.
 21. I hereby certify that I attended the deceased from 5/30 to 6/17 1946
 that I last saw him alive on 6/10 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death
 Angina Pectoris
 Due to Coronary Heart Disease

Duration 3 Mo

Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 948

PHYSICIAN
 Underline the cause to which death should be charged statistically.

Of autopsy _____

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 _____

23. Signature [Signature] (M. D. or other)
 Address [Address] Date signed 6/19/46

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

18470

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, ~~only~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3986*.....

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.