

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27694

FILED SEP 14 1946

State File No. _____

Registration District No. 187.

Primary Registration District No. 56976

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Rural - Jackson Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

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

In this community 17 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

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

(d) Street No. Jackson Twp.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME John R. Owen

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1946 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Aug 25
1 1946, to Aug 26 1946,
that I last saw him alive on Aug 25 1946,
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha A. Owen

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 30 1888
(Month) (Day) (Year)

Immediate cause of death Pneumonia - Bronchial B. bilateral

Due to _____

Due to _____

Other conditions Carcinoma of Stomach 6 Mo
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>3</u>	<u>26</u>	<u>—</u> hr. <u>—</u> min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Aldora E. Owen

13. Birthplace Linn, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Julia J. Peacher

15. Birthplace Linn, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Bussess

(b) Address Monton, Mo.

17. (a) Burial (b) Date thereof 8/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn, Mo.

18. (a) Signature of funeral director Donald Jordan

(b) Address Chillicothe, Mo.

19. (a) Aug-28-46 (b) Francis B. Neill
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy H6B

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 Joseph Powell (M. D. over) _____

Address 510 Elm, Chillicothe, Mo. Date signed Aug 28, 1946

Duration 3 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

19

20-5000

DISTRICT HEALTH OFFICE
Cameron, 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... *Wayne Collins*
Licensed Embalmer No. *1164*
P. O. Address. *Chillicothe 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.