S. No. 2
M—5-43
. 5-17-39
o I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 30 1946

State File No. 29619

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1083

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 421 So. 17th Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 421 So. 17th Street (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Willard James Owens

3. (b) If veteran, name war No.

3. (c) Social Security No. 500-10-4123

4. Sex Male

5. Color or race Negro

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

6. (b) Name of ~~husband or~~ wife Corrine M Lewis Owens

6. (c) Age of ~~husband or~~ wife if alive 49 years

7. Birth date of deceased September (Month) 16 (Day) - 1872 (Year)

8. AGE: Years 74 | Months — | Days 6 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Laborer

11. Industry or business Laborer

FATHER
12. Name James Owens
13. Birthplace Hamilton (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Sarah Price
15. Birthplace Hamilton (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Corrine Owens

(b) Address 421 So. 17th St.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Sept. 26 (Month) (Day) '46 (Year)

(c) Place: burial ~~or cremation~~ Ashland Cemetery

18. (a) Signature of funeral director Wm. H. Alexander

(b) Address St. Joseph, Missouri

19. (a) Sept. 27, 1946 (Date received local registrar) (b) H. J. Nesttebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1946 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from S Sept 22, 1946, to Sept 22, 1946; that I last saw him alive on Sept 22, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to	
Due to	
Other conditions: Rheumatic Arthritis (Include pregnancy within 3 months of death)	3 Mo.

Major findings:
Of operations
Of autopsy

83A

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 J. D. Sexton (M. D. or other)

Address 1923 Messanie St. mm Date signed 9-24 1946

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

28455

OCT 21 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 Wm. H. Alexander, Registered Apprentice No. 402, working under my personal supervision.

Signed Raymond W. Merchant

Licensed Embalmer No. 4413

P. O. Address 319 So 10th St Joseph

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.