S. No. 2
M—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32957

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 357

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SE Mo Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott
(c) City or town Illmo Rural (If outside city or town limits, write "RURAL")
(d) Street No. Route 1. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Edward Francis Owen
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May Atkie Watts Owen
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased November (Month) 10, (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
77	11	10	hr. min.

9. Birthplace Hannibal (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired Overseer of Construction
11. Industry or business U S Army Engineers
MOTHER FATHER
12. Name Don't Know
13. Birthplace Don't Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace Don't know (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. E F Owen
(b) Address Jenno Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hightner, Illmo Mo
18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Illmo, Mo
19. (a) 10-30-1946 (Date received by registrar) (b) E. E. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1946 hour 6 minute 35 P.M.
21. I hereby certify that I attended the deceased from Oct 18, 1946, to Oct 21, 1946 that I last saw him alive on Oct 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocarditis	2 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Anemia (Pernicious)	2 yr

Major findings:
Of operations
Of autopsy

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 R. Ruff (M. D. or other) MD
Address Jackson Mo Date signed 10/24/46

(Licensed Embalmer's Statement on Reverse Side)

ECEIVED

...ict Health Officer No. 4

...ict File Number 1146-2821

Date Filed 11-4-46

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 Mamie Bisplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee, 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.