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X37823

FILED DEC 17 1946

State File No. _____
Registrar's No. _____

5880

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Linn, Mo. R D
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 5 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage **76**

(c) City or town Linn, Mo. R D.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Marvin Arthur Owens

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 Child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 6th, 1946
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>5</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Linn, Mo. R D.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Arch L. Owens

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

14. Maiden name Coy L. Hassler

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

16. (a) Informant Archie L. Owens

(b) Address Linn, Mo. R D.

17. (a) Burial (b) Date thereof 12/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation College Hill, Mo.

18. (a) Signature of funeral director Clyde Morton

(b) Address Linn, Mo.

19. (a) 12/4/46 (b) J. A. Schmitt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3rd, year 1946 hour 4 minute 20 a.m.

21. I hereby certify that I attended the deceased from July 8, 1946, 1946 to Aug 25, 1946; that I last saw him alive on Aug 25, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital malformation of Brain

Due to _____

Due to _____

Other conditions: 157D
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature L. D. Klebla M.D. (M. D. or other) _____
Address Jefferson City, Mo. Date signed 12-27-46

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 12-11-46

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 Vernon M. Moilan
Licensed Embalmer No. 4123
P. O. Address Vernon

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.