

FILED FEB 10 1947
42

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 149

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

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:
315 West Kansas Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town 315 West Kansas Ave.
(If outside city or town limits, write "RURAL")
(d) Street No. St. Joseph
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fannie Frances Owens

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Anderson Owens 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February (unknown) 1867
(Month) (Day) (Year)

8. AGE: Years ? 85 Months 11 Days unknown If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Fannie Frances

13. Birthplace (unknown) Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Louvenia Hayes

15. Birthplace (unknown) Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beatrice Tate

(b) Address 1601 Angeline Street

17. (a) Burial (b) Date thereof 2-3-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Wm. H. Alexander
(b) Address St. Joseph, Mo.

19. (a) 2-3-47 (b) W. C. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1947 hour 5 minute 30 p.m.

21. I hereby certify that I attended the deceased from Jan 25 1947 to Jan 29 1947
that I last saw her alive on Jan 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency a few months starvation 9 days with known
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92.13 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Fenton H. Henderson (M. D. or other) O
Address 104 1/2 W. 2nd Ave Date signed 3-1-47

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 Frank A. Bowman

Licensed Embalmer No. 1710

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.