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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8455

Registration District No. 98 Primary Registration District No. 4165 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Davies

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Davies 31

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME CLARENCE DONIPHAN OWENS

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

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 Madge Owens

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June (Month) 24 (Day) 1888 (Year)

8. AGE: Years 58 Months ~~5~~ 8 Days ~~8~~ 17 If less than one day ..... hr. ..... min.

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

10. Usual occupation Telegrapher

11. Industry or business C R I & P Railroad

FATHER
12. Name Joseph K. Owens
13. Birthplace Coloma (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Laura Burnett
15. Birthplace Coloma (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Madge Owens
(b) Address Gallatin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 14, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Burial Masonic

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Jamesport, Missouri

19. (a) 2-12-47 (Date received local registrar) (b) Virginia M Engelhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1947 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 19 46 to Mar 11 1947; that I last saw him alive on Mar 11 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to .....

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

46 F

Duration

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 2

23. Signature F. B. Bailey (M. D. or other) DO

Address Jamesport Mo Date signed 3-18-47

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(Licensed Embalmer's Statement on Reverse Side)

MAY 13 1947

MAR 12 1948

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 Walter E. Moyer Registered Apprentice No. 458, working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.