. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12065

State File No.

Registration District No. 524

Primary Registration District No. 6093

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall Mo. R...

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

(c) Name of hospital or institution: Mo. State School 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 yrs (Specify whether

In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francis Co. 47

(c) City or town Ronne Terre

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

(d) Street No. 0

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Albert Le Roy Owens

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 14 (Day) 1927 (Year)

8. AGE: Years 20 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Sharon, Kansas 1 (City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Sam Owens 0
13. Birthplace Belgrade, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Evans 0
15. Birthplace Potosi Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Records Mo. State School

(b) Address Marshall, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-3-47 (Month) (Day) (Year)

(c) Place: burial or cremation Bismark, Mo.

18. (a) Signature of funeral director Campbell Lane

(b) Address Marshall, Mo.

19. (a) 3-4-1947 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1947 hour minute 7.20 P.M.

21. I hereby certify that I attended the deceased from October '46 Feb 28, 1947, to , 19 ; that I last saw h in alive on Feb 28-'47, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T. B.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13 B

Of autopsy

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 0

23. Signature L. S. James M. D. (M. D. or other)

Address Marshall, Mo. Date signed 2-28-47

585 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-31-47

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~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Jas H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall 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.