

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20370
Registrar's No. 16

Registration District No. 72 Primary Registration District No. 4134

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

1. PLACE OF DEATH:
(a) County CHAY
(b) City or town SMITHVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SMITHVILLE COMMUNITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS (Specify whether years, months or days) LIFE TIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CHAY 24
(c) City or town PURAH PHATTE TOWNSHIP
(If outside city or town limits, write "RURAL")
(d) Street No. 2 MILES NORTHEAST SMITHVILLE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME FANNIE LONA OWENS
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ARTHUR C. OWENS
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased MARCH 11, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 0 24 hr. min.

9. Birthplace SMITHVILLE, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name JOHN SWINSON
13. Birthplace COPENHAGEN DENMARK
(City, town, or county) (State or foreign country)
14. Maiden name MARY ELLEN LOGAN
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant ARTHUR C. OWENS

(b) Address SMITHVILLE, MO. R.F.D.
17. (a) BURIAL (b) Date thereof JUNE 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SMITHVILLE, MO.

18. (a) Signature of funeral director DR. LOMA FUNERAL HOME

(b) Address SMITHVILLE, MO.

19. (a) JUNE 6, 47 (b) Beulah Kitchen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 4
year 1947 hour 1 minute 10 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration
Thyrotosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) B
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? _____
While at work? _____ (Specify type of place) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.
Address Smithville Date signed 6. 5. 47

RECEIVED

District Health Officer Mr. [unclear]

District File Number.....

Date Filed 6-16-47

JUN 17 1947

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 CLB

Donald W. Hanks, Registered Apprentice No. 425

working under my personal supervision.

Signed Owen J. Beatty

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.