

FILED JAN 8 1948

Registration District No. 356

Primary Registration District No. 1521

Registrar's No. 137

1. PLACE OF DEATH:

(a) County TEXAS
(b) City or town HOUSTON PINEY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 MONTHS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS 107
(c) City or town HOUSTON
(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 WILLIAM ELMER OWEN

3. (b) If veteran, name war _____ 3. (c) Social Security No. 537-07-9363

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ARNESS OWEN 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased AUG 26 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace HOUSTON MO
(City, town, or county) (State or foreign country)

10. Usual occupation MECHANIC

11. Industry or business

MOTHER FATHER { 12. Name JOHN G. OWEN
13. Birthplace TENN.
(City, town, or county) (State or foreign country)
14. Maiden name AMANDA HAMPTON
15. Birthplace ILL.
(City, town, or county) (State or foreign country)

16. (a) Informant HOMER OWEN
(b) Address HOUSTON, MO

17. (a) BURIAL (b) Date thereof 12/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OZARK

18. (a) Signature of funeral director Raymond E. Elliott
(b) Address HOUSTON, MO

19. (a) Dec. 30-47 (b) Myrtle Craig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 9
year 1947 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4:00 am
Dec 8, 1947, to Dec 8 (1947) 4:30
that I last saw h. in alive on Dec 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 9 hours

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations CH

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 0

23. Signature R. T. Hard (M. D. or other) 0
Address Houston Date signed 12-9-47

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

07
0
0

RECEIVED
FEB 15 1948

Health Officer No. 5,
1486
1-2-48

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..... *Frank E. Hood*

Licensed Embalmer No. *4026*

P. O. Address *Houston, 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.