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FILED MAR 3 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 255

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:
710 South 17th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community over 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 710 South 17th Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS - W. OWENS Sr.

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Nellie R. 6. (c) Age of husband or wife if alive 17 years (Day) (Year)
7. Birth date of deceased Sept 17 1874 (Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Louisville Ky. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Car Repairman

11. Industry or business Union Pacific R. R.

MOTHER FATHER { 12. Name Acie Owens
13. Birthplace unk. Ky. (City, town, or county) (State or foreign country)
14. Maiden name unk. unk.
15. Birthplace unk. unk. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia Haynes

(b) Address 710 So. 17th St. City

17. (a) Burial (b) Date thereof 2-24-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Stamert Funeral Home

(b) Address St. Joseph, Mo.
19. (a) 3/2/48 (b) W. B. Jenkins (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1948 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb 19 48 to Feb 22 48 and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial infarction
Due to chronic hypertension
Due to _____

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

Major findings: Of operations _____ Of autopsy _____

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 Joe Steuber (M.D. or other) _____
Address 1111 K... St. Date signed 2/23/48

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

Charles M. Harman

Licensed Embalmer No.....

4487

P. O. Address.....

St. Joseph

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.