S. No. 2
I—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

5276

State File No.

Registration District No. 136 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1802 Murphy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Lived here all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1802 Murphy 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM L. OWEN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Anna C. Owen
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 4 (Day) 1868 (Year)

8. AGE: Years 79 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Phelps County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Mine Operator
11. Industry or business L & Z Mining
FATHER
12. Name Henry L. Owen
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucinda Ayres
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Anna C. Owen
(b) Address 1802 Murphy
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetary
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 1-29-48 (Date received local registrar) (b) Dolores Lampkins Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th year 1948 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from 19 44 to Dec. 25 1948 that I last saw him alive on Dec. 24 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis with cerebral degeneration
Due to Cerebral arteriosclerosis with hemiplegia 3½ yrs.
Due to Bed fast - Total invalid 3½ yrs.
Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 97

PHYSICIAN
Underline the cause of 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

23. Signature Sam L. Neff (M. D. or other) M.D.
Address Joplin Mo. Date signed 1/26/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Neff

48-1-114

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.