

No. 2
1843
1739
27823

FILED APR 20 1948

Registration District No. 203

Primary Registration District No. 3037

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Wentzton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community all his life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME William Woodson Owen

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lucille Owen 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Dec 31 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Wentzton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

12. Name John Owen

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ewey

15. Birthplace not known
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Lattie Owen

(b) Address Wentzton Mo

17. (a) Burial (b) Date thereof Apr-4-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzton City Cemetery

18. (a) Signature of funeral director Geo B Spr

(b) Address Wentzton Mo

19. (a) 4-10-48 (b) Cecil Hendricks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 55
(c) City or town _____ (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1948 hour 1 minute - P.M.

21. I hereby certify that I attended the deceased from June 4
_____, 1947, to April 2, 1948;
that I last saw him alive on April 2 at 13 noon, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock and my. cardiac failure Duration 1 day

Due to Hemorrhage of Duodenum ulcer by time + profuse

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

Major findings: None Done 117B
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)
(e) Means of injury 2

23. Signature Stanley J. Hayward (M.D. or other) DO
Address Wentzton Mo Date signed 4/9/48

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

MOTHER FATHER

X-

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.....
Licensed Embalmer No. 946
P. O. Address Madernon

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.

Registration District No. 383 Primary Registration District No. 3037

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Mont Vernon
(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 Wm W. 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 _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased see 31
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

8. AGE: Years 82 Months 3 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

{ 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

{ 14. Maiden name _____

{ 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4-15-48 (b) Carl Hendrick
(Date received local registrar) (Registrar's signature)

Due to _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY 2

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

S-13237