

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13251**
Registrar's No. **21**

Registration District No. **178**

Primary Registration District No. **4284**

1. PLACE OF DEATH:
(a) County **LEWIS**
(b) City or town **LABELLE**
(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 **LIFE** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **LEWIS** **56**
(c) City or town **LABELLE** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **NEVA MAURINE OWENS**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **26** year **1948** hour **0830** minute **56** P.M.
21. I hereby certify that I attended the deceased from **July 17th**, 1947, to **March 28**, 1948;
that I last saw her alive on **26th March**, 1948, and that death occurred on the date and hour stated above.

4. Sex **FEMALE** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **MARRIED**
(b) Name of husband or wife **J. E. OWENS** **6. (c) Age of husband or wife if alive** **51** years
7. Birth date of deceased **August 13, 1901**
(Month) (Day) (Year)

Immediate cause of death **apoplexy** **4 days**
Due to **Hypertensive Cardiovascular disease** **15 years**
Due to _____

8. AGE:	Years	Months	Days	If less than one day
	46	7	15	hr. min.

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

10. Usual occupation **HOUSE WIFE**

11. Industry or business

12. Name **J. A. Wildmar**

13. Birthplace **IOWA**
(City, town, or county) (State or foreign country)

14. Maiden name **WILLIAMSTOWN MISSOURI**
(City, town, or county) (State or foreign country)

15. Birthplace **Labelle, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **David Owens**
(b) Address **La Belle, Mo.**

17. (a) Burial (b) Date thereof **5/31/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
LABELLE

18. (a) Signature of funeral director **W. J. J. J.**
(b) Address **La Belle, Mo.**

19. (a) 4-5-48 (b) **D. W. Jennings, M.D.**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **C/S**

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) (c) Means of injury **0**

23. Signature **David M. Kouss** (M. D. or other)
Address **La Belle, Mo** Date signed **3/30/48**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 10
District File Number 4-48-715
Date Filed APR 20 1948

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 _____

Charles L. Arnold, Sr.

Registered Apprentice No. *61*

working under my personal supervision.

Signed *J. C. Coder*
Licensed Embalmer No. *4328*
P. O. Address *La Belle, 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.