S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15849

Registration District No. 96 Primary Registration District No. 6290 Registrar's No. 38

1. PLACE OF DEATH:
(a) County DALLAS
(b) City or town BUFFALO RRI
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME Helen ENOLA Owens
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife C. M. OWENS
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased JAN (Month) 23 (Day) 1897 (Year)
8. AGE: Years 51 Months 3 Days 12 If less than one day hr. min.
9. Birthplace BUFFALO (City, town, or county) MO (State or foreign country)
10. Usual occupation House wife
11. Industry or business
MOTHER FATHER
12. Name ALBERT L. Perryman
13. Birthplace Rolla (City, town, or county) MO (State or foreign country)
14. Maiden name MARTHA A Roddy
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant C. M. OWENS
(b) Address Buffalo, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Macedonia
18. (a) Signature of funeral director Montgomery-Vaughan
(b) Address Buffalo Mo.
19. (a) 5/15/48 (Date received local registrar) (b) Mrs J. B. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 5 year 1948 hour 9 minute 00 A.M.
21. I hereby certify that I attended the deceased from June 47, 19 to 5 May, 1948; that I last saw her alive on 5 May, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Term. Bronchial Pneumonia	5 days
Due to: Generalized Metastatic Carcinoma	5 mos
Due to: Carcinoma Breast	15 mos
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. A. Huffman (M. D. or other) MD
Address Buffalo Date signed 12 May 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-48-542
Date Filed 5-20-48

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 Clyde Montgomery
Licensed Embalmer No. 3392
P. O. Address Buffalo 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.