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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

20016

State File No.

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

In this community Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence ⁵⁵

(c) City or town Aurora ¹
(If outside city or town limits, write "RURAL")

(d) Street No. 23 West Church ¹
(If rural, give location)

(e) Citizen of foreign country? No ⁰ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SARA ELIZABETH OWENS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Feb. 10 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 3 14 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lewis Jones

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

14. Maiden name Millida Sullivan

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

16. (a) Informant Thomas Owens

(b) Address Marionville, Missouri

17. (a) Burial (b) Date thereof 5/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park, Aurora,

18. (a) Signature of funeral director [Signature]

(b) Address Aurora, Missouri

19. (a) 5-26-48 (b) Ora Mae Natt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1948 hour 1 minute 30 a.m.

21. I hereby certify that I attended the deceased from Sept 10, 1947, to May, 1948.
that I last saw her alive on May 23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio-sclerotic Cardiovascular disease

Due to Cerebral Senility

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy [Signature]

Duration _____

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? Mo.

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 23 West Church

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

RECEIVED
District Health Officer No. 6,
District File number 648-666
Date Filed JUN 15 1948

71553

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.....

Joe H. King, Registered Apprentice No. 94
working under my personal supervision.

Signed *Elmer King*
Licensed Embalmer No. 3529

P. O. Address Aurora, Missouri

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.