S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 139

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5575

State File No. 26739

Registrar's No. 24

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

48
0
0

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Pratt-Whitney Bldg 3 Bannister & Vi-ost
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether In this community 8 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Blue Springs MO 0
(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) 0

If yes, name country

3. (a) PRINT FULL NAME Ernest D Owings

3. (b) If veteran, name war World War I

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased September (Month) 19 (Day) 1893 (Year)

8. AGE: Years 54 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Oak Grove (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Guard

11. Industry or business Black Veatch Eng Co

FATHER
12. Name Tarni Owings
13. Birthplace Oak Grove (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Myrtle Woolsey
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs Ruby Johnson
(b) Address Napoleon, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Springs, MO

18. (a) Signature of funeral director France-Wornall
(b) Address Kansas City MO

19. (a) 8/12/48 (Date received local registrar) (b) Dr. Anne D. Hedges (Registrar's signature) 12

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11 year 1948 hour 3:15 minute a M.

21. I hereby certify that I attended the deceased from Coroner, 19__, to __, 19__; that I last saw h__ alive on __, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94 W
Of autopsy no
History & Inspection

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 [signature] (M. D. or other) Coroner
Address 1924 [illegible] Date signed 8-11-48

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1948

SEP 27 1948

VS SEP 23 1960

Hickman Mills

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 Forrest D. Coldsnow, Registered Apprentice No. 225, working under my personal supervision.

VS SEP 26 1960

Signed Russell N France

Licensed Embalmer No. 4255

P. O. Address K. C. 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.