No. 300
—10-47
5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28721

Registration District No. 572

Primary Registration District No. 6264

Registrar's No. 15

1. PLACE OF DEATH:
(a) County: Webster
(b) City or town: Seymour Mo Rt 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Hazelwood T.W.N
(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 DEATHS:
(a) State: Missouri (b) County: Webster
(c) City or town: Seymour Mo Rt 3
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural Hazelwood T.W.N
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: John Franklin Owings
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: Married
6. (b) Name of husband or wife: Mahala Owings
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: July (Month) 23 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
76	1		hr. min.

9. Birthplace: West Virginia (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business ____
12. Name (Father): Asa Owings
13. Birthplace (Father): West Virginia (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Hannah McDonald
15. Birthplace (Mother): West Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Mahala Owings
(b) Address: Seymour Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8 26 48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Pleasant Hill Cemetery
18. (a) Signature of funeral director: Kelley, Ferrell, Bergman
(b) Address: Seymour Mo.
19. (a) Aug 28 (Date received by local registrar) (b) Gilbert Jones (Registrar's signature) 242

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23 year 1948 hour 6 minute P.M.
21. I hereby certify that I attended the deceased from April 16, 1948, to Aug 23, 1948 that I last saw him alive on Aug 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 mo
Due to: Myocardial Degeneration	1 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: J. R. Gill (M. D. or other) D.O.
Address: Seymour Mo Date signed 8/23/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 948-987
Date Filed SEP 3 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fondland ave

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.