S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30134

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether
In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage (If outside city or town limits, write "RURAL")
(d) Street No. 2111 S. Garrison Ave (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME NOAH LEE OWEN
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lena M. Owen
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased February (Month) 25 (Day) 1893 (Year)

8. AGE: Years 55 Months 6 Days 15 If less than one day hr. min.
9. Birthplace Mulhall (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation laborer
11. Industry or business Owen Metal Co.
12. Name Henry A. Owen
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
14. Maiden name Rosie Luster
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant J. M. Owen
(b) Address 2111 S. Garrison, Carthage, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 14, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri
19. (a) 9-14-48 (Date received local registrar) (b) Ed D. James by Dolores Lamplin
138-0 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10 year 1948 hour 8 minute 45 p.m.
21. I hereby certify that I attended the deceased from Sept 4, 1948, to Sept 10, 1948; that I last saw him alive on Sept 10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Anuria	1 wk
Due to Shock & hemorrhage	1 wk
Due to Fracture of pelvis Auto accident	1 wk
Other conditions (Include pregnancy within 3 months of death): Ruptured urethra	

Major findings: Of operations Ruptured urethra. Massive hemorrhage. Mesenteric mesenteric
Of autopsy Refused.

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) Accident
(b) Date of occurrence Sept 4 1948
(c) Where did injury occur? Near Miami Okla. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road (Specify type of place)
While at work? (e) Means of injury Auto accident
23. Signature [signature] (M. D. or other)
Address Joplin Mo Date signed 9-11-48

48-8-788

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 Frank W. Knell Jr.

Licensed Embalmer No. 4440

P. O. Address Carthage

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.