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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32088**
Registrar's No. **1095**

Registration District No. **42** Primary Registration District No. **1000**

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1027 Henry Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **not** (Specify whether
In this community **75 years.** (Yes or No)
years, months or days)

3. (a) PRINT FULL NAME **Harriett Kearney Owen**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Herbert A. Owen** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **February 22 1862**
(Month) (Day) (Year)

8. AGE: Years **86** Months **7** Days **23** If less than one day
hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business

MOTHER FATHER
12. Name **Charles Kearney**
13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Stewart**
15. Birthplace **Stewartsville New Jersey**
(City, town, or county) (State or foreign country)

16. (a) Informant **Judge Stephen K. Owen**
(b) Address **Country Club Place, St. Joseph, Mo.**

17. (a) Burial (b) Date thereof **Oct. 18, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Walter Meierhoffer**
(b) Address **1946 Colhoun St., St. Joseph, Mo.**

19. (a) **10-21-48** (b) **E. E. Jenkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **1027 Henry Street**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **15th**
year **1948** hour **8** minute **10 P.M.**

21. I hereby certify that I attended the deceased from
Feb. 27, 1947, to Oct. 15, 1948;
that I last saw her alive on **Oct. 15, 1948;**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **2 min.**

Due to **Arterio sclerosis, general ?**

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:

(c) 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?

While at work (Specify type of place) (c) Means of injury?

23. Signature **J. P. Carle** (M. D. or other)
Address **St. Joseph, Mo.** Date signed **10/18/48**

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.....

Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.