

No. 300
M-10-47
v. 5-17-39
I 3908

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32089

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1086

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

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:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 35 years.

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. 2018 Colhoun Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruben C. Owens

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 Married

6. (b) Name of husband or wife Luella Owens

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: July 24 1869
(Month) (Day) (Year)

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

79 2 15 hr. min.

9. Birthplace: Goodson Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Shaare Sholem Cemetary caretaker

MOTHER FATHER

12. Name Unknown

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

14. Maiden name (Unknown) Hoag

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

16. (a) Informant Mrs. Luella Owens

(b) Address 2018 Colhoun St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Oct. 12, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoff

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 10-16-48 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th
year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from October 7th, 1948, to October 9th, 1948, that I last saw him alive on October 9th, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver Duration Ukn.

OTHER CONDITIONS: Senile Arteriosclerosis Ukn.

Other conditions (Include pregnancy within 3 months of death)

Major findings: H&F

Of operations -----

Of autopsy none

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? ----- (a) Means of injury -----

23. Signature Clorn W. Slaney (M. D. or other)

Address The Tootle Bldg. Date signed 10-14-48

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 R. Huntington

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.