

BIRTH NO. 49-007900 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 597

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>5323 Fairway Road, Johnson Co.</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>2 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>2</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Angela</b> c. (Last) <b>Owens</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 9, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Child</b>	8. DATE OF BIRTH <b>Feb. 7, 1949</b>	9. AGE (In years last birthday) <b>2</b> IF UNDER 1 YEAR Months <b>2</b> Days <b>2</b> IF UNDER 12 MOS. Hours <b>2</b> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Dr. Graham Owens</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Jane Robinson</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Jane Owens Johnson</b> ADDRESS <b>Johnson Co. Kansas</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>congenital atelectasis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <b>Prematurity</b>		
	DUE TO (c) <b>lung</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>lung 702.5</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 7, 1949, to Feb 9, 1949, that I last saw the deceased alive on Feb 9, 1949, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. Milton Singleton M.D.</b>	23b. ADDRESS <b>215 Alameda Road, K.C. (2) Mo.</b>	23c. DATE SIGNED <b>2-9-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 10, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>	24d. LOCATION (City, town, or county) (State) <b>K.C. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-9-49</b>	REGISTRAR'S SIGNATURE <b>Staldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas E. Quirk</b> ADDRESS <b>Funeral Home K.C. Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed *Thomas E. Jewell*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3775*.....

P. O. Address *N. E. 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.