

REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1146

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Raw Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. 510 Jules St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 159

2. PRINT FULL NAME

567 William Stephen Owen
(a) Residence, No. 510 Jules St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Owen

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1939 to Jan. 13, 1939
I last saw him alive on Jan. 13, 1939. Death is said to have occurred on the date stated above, at 12:30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-1-1872

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 3 12

Other contributory causes of importance:
Terminal Broncho-pneumonia

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Auburn Co. Mo.

Date of onset Jan. 11, 1939
Name of operation None Date of Jan. 12, 1939
What test confirmed diagnosis? Clinical Was there an autopsy? No

13. NAME Chasley Owen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Karnie Pennington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lester Owen, Kansas City, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Everest DATE 1-15-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed. Wilkerson, 3301 Woodland, Kansas City, Mo.

20. FILED Jan 13, 1939 M. M. Brown Local Registrar.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Peneth A. Davis, M. D.
(Address) 3301 Woodland, Kansas City, Mo.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

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, me

or by _____

Registered Apprentice No. _____ working under my personal supervision.

Signed Fred Wilkerson

Licensed Embalmer No. 5478

P. O. Address Clinton, Miss

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, above space should be left blank.