

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20857

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2387

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
0 Mercy Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months  
(Specify whether years, months or days)

In this community 4 Months  
years, months or days)

3. (a) PRINT FULL NAME Marion Owsley

3. (b) If veteran, name war No.

3. (c) Social Security No. no

4. Sex Male

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife xxx

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

7. Birth date of deceased Oct. 8th. 1935  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>5</u>	<u>8</u>	<u>14</u>	hr. _____ min.

9. Birthplace Clinton Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Olan Owsley

13. Birthplace Benton Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Gregory

15. Birthplace Petis Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Olan Owsley

(b) Address Clinton Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 6-24-41  
(Month) (Day) (Year)

(c) Place: burial or cremation Clinton Mo.

18. (a) Signature of funeral director Consulas & Peck

(b) Address Clinton Mo.

19. (a) 6/23/41 (Date received local registrar)

(b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: Henry Clinton

(a) State Mo. (b) County Clinton

(c) City or town Clinton  
(If outside city or town limits, write "RURAL")

(d) Street No. Clinton Mo.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 41 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 22, 1941 to June 22, 1941  
that I last saw him alive on June 22, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor  
Medulloblastoma  
(Malignant)

Due to 5/4h

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy same

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? \_\_\_\_\_

23. Signature W.S. Lodinberg (M. D. 0)  
Address 1316 Prof Bldg Date signed June 23, 41

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

248  
83

**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.....

*Chas. J. Ks*

Licensed Embalmer No: *26414*

P. O. Address: *1800 Pinewood*

**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.**