DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1941

Registration District No. 201

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31372

Primary Registration District No. 52-8-0-2

Registrar's No. 85

1. PLACE OF DEATH:

(a) County: Clay

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

(c) Name of hospital or institution: 336 North Prairie 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether

In this community: over 21 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Clay 2K

(c) City or town: Liberty 2 (If outside city or town limits, write "RURAL")

(d) Street No.: 336 North Prairie 1 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Joseph Owens

3. (b) If veteran, name war: None

3. (c) Social Security No.:

4. Sex: Male 2

5. Color or race: Col

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Fairrelenger Owens

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: April (Month) 1 (Day) Unknown (Year)

8. AGE: Years: About 59 | Months: — | Days: — | If less than one day: — hr. — min.

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

10. Usual occupation: Laundry-man

11. Industry or business: Faultless Laundry

FATHER
12. Name: GeorgenOwens
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Celia Monroe
15. Birthplace: Clay County (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Fairrelenger Owens
(b) Address: 336 N. Prairie, Liberty, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 9/4/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Liberty, Mo

18. (a) Signature of funeral director: Watkins Bros
(b) Address: 1729 Lydia, K. C., Mo.

19. (a) Sept. 2-41 (Date received local registrar) (b) Helen Early (Registrar's signature)

926 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 1st year: 1941 hour: 6:40 minute: A M.

21. I hereby certify that I attended the deceased from: Aug 1939 to Sept 1 1941; that I last saw h[illegible] alive on Sept 1 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Esophagus	6 mo
Due to:	
Due to:	
Other conditions: Arteriosclerosis & Emphysema (Include pregnancy within 3 months of death)	7yr
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:
(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? (e) Means of injury:

23. Signature: [illegible] (M. D. or [illegible]) MD
Address: Liberty, Mo Date signed: 9/2/41

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

RECEIVED
District Health Officer No. 8,
District File Number ----------
Date Filed 10-13-41

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 Isaac J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.