

FILED JAN 20 1942  
Registration District No. 347

Primary Registration District No. 3018

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

1. PLACE OF DEATH:  
(a) County Henry Clinton Co.  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ 25 yr. (Specify whether \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Henry  
(c) City or town Clinton (If outside city or town limits, write "RURAL.")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Susan Ellen Owens  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: 9-23-1860 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 12 day 24 year 1941 hour 4:00 minute PM  
21. I hereby certify that I attended the deceased from past 10 years 19\_\_\_\_ to 12-24 1941 that I last saw him/her alive on 12-20 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 3 Days 1 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.  
9. Birthplace Palaski Co Kentucky (City, town, or county) (State or foreign country)

Immediate cause of death Gastro Enteritis Chr year Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations non 1200  
Of autopsy non

MOTHER FATHER  
10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Henry Johnson  
13. Birthplace Va (City, town, or county) (State or foreign country)  
14. Maiden name Maudie Claunch  
15. Birthplace Ky (City, town, or county) (State or foreign country)  
16. (a) Informant Frank Lewis  
(b) Address Clinton Mo  
17. (a) Burial (b) Date thereof 12-26-41 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Englewood  
18. (a) Signature of funeral director Frank Wilkerson  
(b) Address Clinton Mo  
19. (a) Dec. 26, 1941 (b) Georgia Kitchem (Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
While at work \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_  
23. Signature Ed. E. Bell (M. D. or other) \_\_\_\_\_  
Address Clinton Mo Date signed 12/26/41

8

DEC 31 1968

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2187

Date Filed 1-13-42

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 Fred Wellkewee

Licensed Embalmer No. 2478

P. O. Address Clinton 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.