

FILED JUN 10 1942

Registration District No. 347

Primary Registration District No. 4210

Registrar's No. 129

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) * Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

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

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

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

3. (a) PRINT FULL NAME Clyde Clifford Owens

3. (b) If veteran, name war. 3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Jessie Grace Owens 6. (c) Age of husband or wife if alive 64 years

Birth date of deceased Oct 9 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>7</u>	<u>13</u> hr. min.

9. Birthplace near Urich Henry Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant Gen. Mdse

11. Industry or business Fire & Lightening Insurance

12. Name J. M. Owens

13. Birthplace Newark Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Emma Shannon

15. Birthplace Newark Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs G. C. Owens

(b) Address Urich Mo

17. (a) Urich Cemetery Date thereof May 26 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Urich Cemetery

18. (a) Signature of funeral director W. J. Brown

(b) Address Urich Mo

19. (a) May 23 1942 (b) W. J. Brown
(Date received local registrar) (Registrar's name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1942 hour 9:10 minute A M.

21. I hereby certify that I attended the deceased from May 16 1942, to May 21 1942
that I last saw him alive on May 21 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Paralysis Duration 12 hrs?

Due to Acute ascending Paralysis of Spinal Cord 6 days

Due to Tumor or Thrombosis in Spinal Canal ?

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 42:1

Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. S. McDonald (M. D. or other) 0

Address Urich Mo Date signed 5/22-42

10 64 (Discussed Embalmer's Statement on Reverse Side)

MAR 28 1949

RECEIVED

District Health Officer No. 7,

District File Number 6-42-568

Date Filed 6-8-42

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

R. R. Kenney

Licensed Embalmer No.

3099

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.