

S. No. 2
M-2-43
5-17-39
X35897

3831E

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 10 1943
Registration District No. 302

Primary Registration District No. 3023

Registrar's No. 212

1. PLACE OF DEATH

(a) County Henry

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

(c) Name of hospital or institution:
505 G Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 83 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 505 G Jefferson
(If rural, give location)

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

3. (a) PRINT FULL NAME Walter E. Owen

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1943 hour 1 minute 30 P. M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife EUGENIA OWEN

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 9 22 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1 1942, to Nov 7 1943 that I last saw him alive on 11-7 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 1 Days 15 If less than one day hr. _____ min.

Immediate cause of death myocarditis

Duration 2 yr

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

Due to Chronic Bronchitis 4 yr

Due to _____

10. Usual occupation Lawyer

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name Benjamin Lee Owen

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

14. Maiden name Francis Sweeney

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

Major findings: Of operations 93d

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr J C Sargent

(b) Address Clinton Mo

17. (a) Funeral (b) Date thereof 11 9 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anglo-Saxon Club

18. (a) Signature of funeral director Frank Williams

(b) Address Clinton Mo

19. (a) November 9 1943 (b) Georgia Kitchin
(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)

(e) Means of injury _____

23. Signature J. S. Walker (M. D. or other) M.D.

Address Clinton Mo Date signed 11-7-43

1069 (Licensed Embalmer's Statement on Reverse Side)

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

42
1
2

NOV 29 1964
RECEIVED

District Health Officer No. 7,

District File Number

11-43-135-0

Date Filed

12-9-42

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 W. Keenan

Licensed Embalmer No.

2478

P. O. Address

Beulon 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.