

FILED FEB 9 1945

Primary Registration District No. 3023

Registrar's No. 29

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: \_\_\_\_\_  
(If not in hospital) or institution, write street number or location \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 40 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42  
(c) City or town Clinton 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 711 N. Third St 2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ (1)

3. (a) PRINT FULL NAME JOHN ROLAND OWEN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 500-10-6400

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Marguerite 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased aug 7 1889  
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Film operator for picture show

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

12. Name William S. Owen  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Suella Rowland  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marguerite Owen  
(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 1-28-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (a) Signature of funeral director W. H. K. K. K.  
(b) Address \_\_\_\_\_

19. (a) January 27, 1945 (Registrar's signature) Georgia Kitchen  
(Date received local registrar) (City)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 26  
year 1945 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec 15  
~~Jan 15~~ 1944 to Jan 26 1945  
that I last saw him alive on Jan 25 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Acute

Due to Complicated Asthma

Due to \_\_\_\_\_

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

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 W. H. K. K. K. (Date) Jan 27, 1945  
Address Clinton Mo.

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

2  
1  
2

1-45-61  
2-8-45

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**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 Wilkerson

Licensed Embalmer No. 7478

P. O. Address Cleaton, 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.