FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 10 1948

Registration District No. 737

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22973

Primary Registration District No. 4217

Registrar's No. 165

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Ulrich, Mo.
(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
In this community 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Ulrich 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Owens
3. (b) If veteran, name war
3. (c) Social Security No. 490-16-4675

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 5 (Day) 1863 (Year)

8. AGE: Years 85 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Clerk
11. Industry or business

MOTHER FATHER
12. Name Thomas F Owens /
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Rachel Robinson /
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Winifred Hildebrand
(b) Address Ulrich Mo
17. (a) Burial, [illegible] (b) Date thereof 8-3-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Clinton Mo
18. (a) Signature of funeral director W. J. Brown
(b) Address Ulrich, Mo
19. (a) 8-3-1948 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st
year 1948 hour 1900 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 1 1946 to Aug 1st 1948 that I last saw him alive on Aug 1-1 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Bronchitis	18 Days
Chronic Bronchitis	10yrs?
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 1946	
Of autopsy:	

PHYSICIAN

Underline the cause of 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 J. G. McDonell (M. D. ~~or other~~)
Address Ulrich Mo. Date signed 8-2-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 2-48-909
Date Filed 8-9-48

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.