

10-17-39
1 3906

Registration District No. 137

Primary Registration District No. 4218

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Clinton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Clinton R #5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RUBY PEARL OWENS

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George Owens 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Jan - 11 - 1897
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry of business _____

MOTHER FATHER

12. Name James King

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

14. Maiden name Clara Boppenmeyer

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

16. (a) Informant George Owens

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof: 7-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Consalus & Beck

(b) Address Clinton Mo

19. (a) 7-19-48 (b) R R Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1948 hour 8 minute 40 AM
21. I hereby certify that I attended the deceased from 7-10
_____, 1948, to 7-16, 1948
that I last saw her alive on 7-16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Post operative embolism ?
Due to operation for appendicitis 7-10-48

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

Major findings: gangrenous appendix
Of operations _____
Of autopsy _____

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 Ray Jordan (M. D. or other) _____
Address Clinton Mo Date signed 7-16-48

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

RECEIVED
District Health Officer No. 7,
District File Number 823
Date Filed 7-26-45

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.