WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37017

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3019 — Registered No. 396
City Ind. — (No. Sanitarium St. Ward)

2. FULL NAME Mary Frandsen Owens
(a) Residence. No. Blue Springs St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fred Owens

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 6-1885

7. AGE: 44 YEARS — MONTHS: 1 — DAYS: 19 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmers wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Dakota

PARENTS
10. NAME OF FATHER: James Frandsen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Denmark
12. MAIDEN NAME OF MOTHER: Petterson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Denmark

14. INFORMANT: Fred L Owens
(Address) Bluesprings Mo

15. FILED 11-27, 1929 F L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1929, to Nov 25, 1929, that I last saw her alive on Nov 25, 1929, and that death occurred, on the date stated above, at 11 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemmorrhage
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY): Arterio-Sclerosis
(duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs and symptoms
(Signed) W G Rowe, M. D
11-26 1929 (Address) Blue Springs, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Wood Lawn Independence — DATE OF BURIAL: 11 27 1929

20. UNDERTAKER: G B Webb — ADDRESS: Blue Springs Mo