

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

REC'D FEB 20 1939

1237
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1907
 (c) City Kansas City (d) Street No. Mercer Hospital Registered No. 250
 (If death occurred in Hospital or Institution write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5234 Harrison (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eva Owings</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 9, 1868</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>4</u>	DAYS <u>9</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation <u>1</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Druggist</u>	
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bloomington Ill</u>		
FATHER	13. NAME <u>Eldridge Owings</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ryland</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>	
17. INFORMANT (ADDRESS) <u>Glen R. Owings 5534 Harrison</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Marsh</u> DATE <u>Jan. 20</u> , 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. W. Newcomer's Sons 12 Mulholland & Base</u>		
20. FILED <u>Jan 20</u> , 19 <u>39</u> <u>M. M. Browe</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1939

22. I HEREBY CERTIFY That I attended deceased from 1-7-, 1939, to 1-18-, 1939
 I last saw him alive on 1-18-, 1939 Death is said to have occurred on the date stated above, at 2:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset	<u>1/6</u>
Other contributory causes of importance:	<u>Broncho pneumonia and inanition</u> (4 days)

Name of operation Exploratory Date of 1-13-39
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) C. D. Fryman, M. D.
 (Address) 1314 Prof. Bldg.
H. B. Moore

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

C. Hervey Quisenberry

Licensed Embalmer No.

4070

P. O. Address

Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.