

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

**2704**  
Do not use this space.

1. PLACE OF DEATH **23 1939**  
 (a) County Jasper Registration District No. 417  
 (b) Township Jasper Primary Registration District No. 3021 Registered No. 7  
 (c) City Webb City (d) Street No. 811 WEST THIRD St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 46 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mineava Robert Owens  
 (a) Residence, No. 811 W 3rd street St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12, 1862  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 3 3

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 9. Industry or business in which work was done, as saw mill, bank, etc.   
 10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation

**FATHER**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co. Mo.  
 13. NAME Wm Bates

**MOTHER**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data  
 15. MAIDEN NAME Chandler  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

**INFORMANT**

17. INFORMANT (ADDRESS) Mrs S B Johnson (Daughter)  
Webb City, Mo.

**BURIAL, CREMATION, OR REMOVAL**

18. BURIAL, CREMATION, OR REMOVAL PLACE Cartersville Cem DATE 1/17/39

**FUNERAL DIRECTOR**

19. FUNERAL DIRECTOR (ADDRESS) Hedger Nelson  
Webb City, Mo.

**FILED**

20. FILED JAN; 17. 39 19 39 Registrar Webb City, Mo.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1939 to Jan 15 1939

I last saw him alive on Jan 15 1939 Death is said to have occurred on the date stated above, at 1:55 P. m.

The principal cause of death and related causes of importance were as follows:

Intestinal Flu.

Date of onset 1-11-1939

Other contributory causes of importance:  
Leukemia

Name of operation Biopsy Date of no.

What test confirmed diagnosis Biopsy 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) R. P. Hatcher, M. D.

(Address) Webb City, Mo.

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

RECEIVED

District Health Officer No. 6,

District File Number 6-39-402

Date Filed FEB 17 1939

STATEMENT BY LICENSED EMBALMER

I, E. W. Hedge, Licensed Embalmer No. 2859

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. W. Hedge

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed E. W. Hedge

Licensed Embalmer No. 2859

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.)