

1359 AUG 11 1939

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

25126
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 101
(c) City St. Joseph Mo (d) Street No. St. Joseph Hospital Registered No. 798
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. Mound City Mo.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. M. Mary
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1904
7. AGE YEARS 35 MONTHS 3 DAYS 9 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hale Co Texas

FATHER 13. NAME W. M. Owens Owens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER 15. MAIDEN NAME Etta Coffey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Mrs. Etta P. Owens
Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound City Mo DATE 7/31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Thompson
Mound City Mo

20. FILED July 31 1939 A. J. McElhenny
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/17 1939, to 7/31 1939

I last saw h. alive on July 31 1939. Death is said to have occurred on the date stated above, at 6:15 P. M.

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

Sudden ulcer (Bleeding) Date of onset 1938
11/7/38

Other contributory causes of importance:
Hemorrhage - before operation.
Cerebral edema

Name of operation Gastric Resection Date of 7/25/39
What test confirmed diagnosis operation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) W. J. Thompson M. D.
(Address) 825 - Charles Stephens St.

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.

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.....

W. Crawford

Licensed Embalmer No.

1824

P. O. Address.....

Mount Airy, N.C.

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, above space should be left blank.