

FILED MAR 12 1940

Registration District No. **218**

Primary Registration District No. **2001**

Registrar's No. **178**

1. PLACE OF DEATH:  
(a) County Green  
(b) City or town Springfield Mo  
(c) Name of hospital or institution: 841 South Robberson 2  
(d) Length of stay: In hospital or institution 1 yr 6 mo  
In this community 1 yr 6 mo years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield, Mo.  
(d) Street No. 841 S. Robberson  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME EPHRIAM OWINGS  
(b) If veteran, name war no  
(c) Social Security No. no

20. DATE OF DEATH: Month 2 day 19  
year 1940 hour 2 minute 0 A. M.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife no  
6. (c) Age of husband or wife if alive X years (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him in dead alive on Feb 19, 1940; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Myocardial insufficiency (acute)  
Due to Senility  
Due to \_\_\_\_\_  
Other conditions Chronic Arteriosclerosis  
(Include pregnancy within 3 months of death)

9. Birthplace Penn (City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation Miller  
11. Industry or business Milling Co

MOTHER { 12. Name Ann Owings  
13. Birthplace Unknown Penn  
14. Maiden name Ann McDonald  
15. Birthplace Unknown Va

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? \_\_\_\_\_

16. (a) Informant's own signature Ephraim Owings  
(b) Address Springfield - Mo.  
17. (a) Married (b) Date thereof Feb 20 40  
(c) Place: burial or cremation Burial

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature R. P. White (M. D. or other) M.D.  
Address Cornes Greene County Date signed 2/19/40

18. (a) Signature of funeral director Ray Sainey  
(b) Address Marshall Mo  
19. (a) 2/19/40 (b) Chas. A. George  
(Date received local registrar) (Registrar's signature)

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

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.

FORM 1 (1938)

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

X