

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2302

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 2 years
years, months or days)

3. (a) PRINT FULL NAME Lafayette P. Owens 5201

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 7, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 4 26 _____ hr. _____ min.

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

10. Usual occupation Mine Foreman

11. Industry or business 3

12. Name John Owens

18. Birthplace Ireland 5
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna R. Farmer

(b) Address 52nd & Hudson Road, Johnson Co. Kansas

17. (a) Burial (b) Date thereof June 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden, Missouri

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) June 4, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 52nd & Hudson Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3,
year 1940 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from _____, 1936, to June 3, 1940
that I last saw him alive on June 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure.

Due to hypertension - arteriosclerosis
hypertension 290

Other conditions The - cured lymph glands
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

While at work? _____ (Specify type of place) (e) Means of injury !

23. Signature Edwin Canaw M.D. or other _____
Address Playa Vista Blvd, N.C. Date signed 6/4/40

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

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 Clarence W. Child

Licensed Embalmer No. 3473

P. O. Address 56 E 7th St

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.

11:30-5:30