

NOV 21 1940

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

36106
Do not use this space.

1. PLACE OF DEATH Putnam 20
(a) County Registration District No. 724
(b) Township York Primary Registration District No. 5933
(c) City Powersville, (d) Street No. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Caroline Brundage Owens,
(a) Residence, No. Powersville, Mo. St.
(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lewis Owens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 7 9

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

12. BIRTHPLACE (CITY OR TOWN) Ill. 1
(STATE OR COUNTRY)

FATHER 13. NAME John Brudage, 9

14. BIRTHPLACE (CITY OR TOWN) unknown 1
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Susan Watts, d. e

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

17. INFORMANT Adam Owens,
(ADDRESS) Powersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wyreka Ce. DATE Oct. 7, 1940

19. FUNERAL DIRECTOR (NAME) Beary-Statton Co.,
(ADDRESS) Powersville, Mo.

20. FILED Oct 12 1940 Mrs. D. W. Pollock
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1940 to Oct 7 1940

I last saw her alive on Oct 7 1940 Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 10/7/40
Date of onset

Other contributory causes of importance: 724

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) L. W. McDonald
(Address) Powersville, 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. 10

District File Number 11-40-2048

Date Filed NOV 8 1940

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.