

No. 2  
11-10-39  
1-17-39  
X2149

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38418

**DEC 14 1940**

Registration District No. 157

Primary Registration District No. 4091

Registrar's No. 34

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

**1. PLACE OF DEATH:**

(a) County Cross

(b) City or town Pleasant Hill  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days 2

**8. (a) PRINT FULL NAME** Andy Owens

**8. (b) If veteran,** name war \_\_\_\_\_ **8. (c) Social Security** No. \_\_\_\_\_

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

**6. (b) Name of husband or wife** Emma O. Owens **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** Dec-12-1846  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>93</u>	<u>11</u>	<u>4</u>	<u>-</u> hr. _____ min.

**9. Birthplace** Nidaway Co. Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Retired Laborer

**11. Industry or business** 0

**MOTHER FATHER**

**12. Name** Henry Owens 9

**13. Birthplace** Richwood 9  
(City, town, or county) (State or foreign country)

**14. Maiden name** Theresa

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

**16. (a) Informant** Geo. Owens

**(b) Address** Pleasant Hill, Mo

**17. (a) Burial, cremation, or removal** Burial **(b) Date thereof** 11-18-40  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Pleasant Hill, Mo

**18. (a) Signature of funeral director** [Signature]

**(b) Address** Pleasant Hill, Mo

**19. (a) 11-18-40** **(b) Mrs. Etta M. Aldridge**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cross

(c) City or town Pleasant Hill  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Nov day 16  
year 1940 hour 1 minute 15 P. M.

**21. I hereby certify that I attended the deceased from** Nov 4 1940 to Nov 16 1940;  
that I last saw him alive on Nov 16, 1940 and that death occurred on the date and hour stated above.

**Immediate cause of death** Carcinoma of Liver

**Duration** ?

**Due to** \_\_\_\_\_

**Due to** \_\_\_\_\_

**Other conditions** Renalitis H<sub>2</sub>O  
(Include pregnancy within 3 months of death)

**Major findings:**  
Of operations \_\_\_\_\_

**Of autopsy** \_\_\_\_\_

**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? Y

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** [Signature] (M. D. or other) \_\_\_\_\_

**Address** Pleasant Hill, Mo **Date signed** 11/18/40

**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

D. A. Nofsinger  
working under my personal supervision.

Registered Apprentice No.

Signed D. A. Nofsinger

Licensed Embalmer No. 3958

P. O. Address Leasauville

**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.**