

No. 2
-13-40
17-39
X23155

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6618
State File No. 269

Registration District No. 64

Primary Registration District No. 5229

Registrar's No.

1. PLACE OF DEATH:

(a) County CEDAR
(b) City or town RURAL BENTON, JERICCO
(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
In this community all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20
(c) City or town Jerico Springs, Mo. 0
(d) Street No. 0
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME William Henry Owens

3. (b) If veteran, name war 3. (c) Social Security No.

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

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

7. Birth date of deceased Dec 1, 1886 (Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 12 If less than one day hr. min.

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

10. Usual occupation Fireman R. R.

11. Industry or business

12. Name John N. Owens

13. Birthplace Ohio (City, town, or county) (State or foreign country)

14. Maiden name Julia Ann Ball

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

16. (a) Informant Guy Bush

(b) Address Dues (Street) Missouri

17. (a) Burial (b) Date thereof 2 14 41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hall Cemetery, Near Jerico

18. (a) Signature of funeral director H. C. Davis & Co.

(b) Address Stockton, Missouri

19. (a) 2-16-41 (b) Mrs. May Hodges (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1941 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from Nov. 2, 1940 to Feb. 13, 1941 that I last saw him alive on Feb. 13, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 18 hrs

Due to Chronic endocarditis with insufficiency of all valves ?

Due to

Other conditions (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? Jerico

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

23. Signature J. H. Bennett, D.O. (M.D. or other) Address Jerico Springs, Mo. Date signed 2/14/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 3-41-388

Date Filed 3-4-41

Not Embalmed

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.