S. No. 2
I—4-13-40
v. 5-17-39
I X23159

FILED MAR 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8503

Registration District No. 968 Primary Registration District No. 6184 Registrar's No. 7

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

110
0
0

1. PLACE OF DEATH:
(a) County Washington
(b) ~~City or town~~ ~~Belgrade~~ Rural Hormony
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington (110)
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Junior Ralph 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 Oct (Month) 19 (Day) 1929 (Year)

8. AGE: Years 11 Months 4 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Hormaney (City, town, or county) O Mo (State or foreign country)
10. Usual occupation Student
11. Industry or business .....
FATHER
12. Name Jesse Owens
13. Birthplace Hormaney (City, town, or county) O Mo (State or foreign country)
MOTHER
14. Maiden name Jettie Parks
15. Birthplace Harper (City, town, or county) O Mo (State or foreign country)
16. (a) Informant Jesse Owens
(b) Address Belgrade
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 1 (Day) 41 (Year)
(c) Place: burial or cremation Wright Cemetery
18. (a) Signature of funeral director Buried by friends
(b) Address Belgrade Mo
19. (a) March 8-41 (Date received local registrar) (b) Ella White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1941 hour 5 minute 5 P. M.
21. I hereby certify that I attended the deceased from 2/27/ 1941, to 2/28/ 1941; that I last saw him alive on 2/27/41 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Spinal Meningitis	5
Due to Cervical cellulitis	14 days
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? 810 (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature D. M. [illegible] or other
Address Belgrade Date signed 1941

(Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.