

FILED APR 15 1941

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1007

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

48
5
8

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
711 West 13 St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 hrs (Specify whether
In this community 17 hrs years, months or days)

3. (a) PRINT FULL NAME Emelie Owen
3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex Femal / 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 March 9 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>17</u> hr. <u>17</u> min.

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

10. Usual occupation -----

11. Industry or business -----

MOTHER FATHER { 12. Name Mc Kinley Owen
13. Birthplace Kansas (City, town, or county) (State or foreign country)
14. Maiden name Katherine Martson
15. Birthplace Kansas City Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mc Kinley Owen
(b) Address 711 West 13 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 14 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cem.

18. (a) Signature of funeral director Mrs C.L. Forster
(b) Address 918 Brooklyn

19. (a) Mar 11 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48 years
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 711 West 13 (If rural, give location)
(e) If foreign born, how long in U. S. A. ? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1941 hour 7 minute P. M.

21. I hereby certify that I attended the decedent from ----- to -----, 1941; that I last saw him ----- on -----, 1941; and that he died on the date and hour stated above. Immediate cause of death -----

cerebral hemorrhage
 birth trauma
Due to -----
Other conditions ----- (Include pregnancy within 3 months of death)

Major findings: Of operations -----
Of autopsy -----

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 illness) (c) means of injury 3
23. Signature ----- (M. D. or other) 3
Address ----- Date signed -----

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Gerald J. Wake

Licensed Embalmer No. 4172

P. O. Address K. P. Mrs.

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.