

FILED JUN 3 1941

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

~~19420~~  
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 31  
 (b) Township Frontier Primary Registration District No. 5042B  
 (c) City Purdy (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 Lee Jack Owens

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1941

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) (STATE OR COUNTRY) Purdy Mo.

FATHER

13. NAME Albert Brittain Owens  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butterfield Missouri

MOTHER

15. MAIDEN NAME Laura Jane Buchanan  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanley Kansas

17. INFORMANT (ADDRESS) Albert Brittain Owens Purdy, Mo. R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Purdy Cemetery DATE May 26, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Blunkenships Monett & Purdy Mo.

20. FILED 5-31-41 19 Donald Blankenship Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1941, to May 25, 1941  
 I last saw him alive on May 25, 1941 Death is said to have occurred on the date stated above, at 7:10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Premature birth

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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 Dr. J. D. Baldwin M. D.  
 (Signed) Dr. J. D. Baldwin M. D. (Address) Purdy, 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. 6,

District File Number 641-829

Date Filed JUN 2 1949

**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.**