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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

24337

State File No. 2876

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K C Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 (Specify whether years, months or days)
In this community 15

2. USUAL RESIDENCE OF DECEASED: 048
(a) State Mo (b) County Jackson 3/8
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3200 Narledge
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Owens, Martha Ellen
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced No record
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased No Record (Month) (Day) (Year)

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

9. Birthplace None (City, town, or county) Ark. 4 (State or foreign country)
10. Usual occupation No
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace Record (City, town, or county) 9 (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Records - K.C. Convalescent
(b) Address 3200 Narledge
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Quirk & Tobin
(b) Address K C Mo
19. (a) 7-30-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1941 hour 3:15 minute a M.
21. I hereby certify that I attended the deceased from 7-12-41, 19, to 7-27, 1941 that I last saw her alive on 7-27-41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to Mitral-Aortic insufficiency
Due to Chronic Myocarditis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy 92 W

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. P. Lauruyane (M. D. or other) D
Address 3200 Narledge Date signed 7-28-41

(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 wi the above constitutes grounds for revocation of license.)**

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