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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1942

Registration District No. 0

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28 10301

Primary Registration District No. 1001

Registrar's No. 371

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Nodaway
(c) City or town Maryville Rural.
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi. S. 3/4 mi. West
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME ELDON LAVERNE OWENS

3. (b) If veteran, name war no

3. (c) Social Security No. None.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced U

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 20. (Day) 1942 (Year)

8. AGE: Years | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Maryville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name Everett Vilas Owens.
13. Birthplace Skidmore (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Helen Geraldine Howell
15. Birthplace Skidmore (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Everett Owens.
(b) Address Maryville Mo. R.R. #1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery, Maryville

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.

19. (a) 4-7-42 (Date received local registrar) (b) Rose Heyoz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1942 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 5 1942, 19..., to April 7, 1942, that I last saw him alive on April 7, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Spina bifida and meningocele	
Due to Congenital	
Due to	
Other conditions (Include pregnancy within 3 months of death) 1576	

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

23. Signature [illegible] (M.D. or other) D.O.
Address 823 Faraon Date signed 4-7-42

1233 (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.