DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1942

Registration District No. 813

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6137

State File No. 12255

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Texas

(b) City or town: Rural Piney Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ------
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: -----
In this community: 8 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Texas 107

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME: Fred M. Owen

3. (b) If veteran, name war: ------

3. (c) Social Security No.: -----

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Janie

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: March (Month) 4th (Day), 1876 (Year)

8. AGE: Years 65 | Months II | Days 3 | If less than one day: hr. min.

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

10. Usual occupation: Stationary Fireman

11. Industry or business: ----------

FATHER
12. Name: James H. Owen
13. Birthplace: Ky. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name: Sarah Cannady
15. Birthplace: Ky. (City, town, or county) / (State or foreign country)

16. (a) Informant: Janie Owen
(b) Address: Roubidoux Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 8th, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Emory Cem.

18. (a) Signature of funeral director: Gaylord V. Elliott
(b) Address: Houston Mo.

19. (a) 3-4-42 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 7 1942 year 7 hour 40 minute A.M.

21. I hereby certify that I attended the deceased from April 4, 1940 to Feb. 7, 1942 that I last saw him alive on Feb. 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	1 week
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic interstitial nephritis	7 yrs.

Major findings:
Of operations: 1/2/a
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: Henry R. Posey (M. D. or other) M. D.
Address: Houston, Mo. Date signed 2-9-42

1240 (Licensed Embalmer's Statement on Reverse Side)

APR 13 1942

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

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