

FILED SEP 10 1942

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

26601

Do not use this space.

1. PLACE OF DEATH

5 (a) County Dancy Registration District No. 13
 0 (b) Township Purdy Primary Registration District No. 4026
 0 (c) City Purdy, Mo (d) Street No. 1 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.

Registered No. 56

2. PRINT FULL NAME

(a) Residence, No. Donald D. Owens St. Purdy, Mo (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 (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 4, 1942

7. AGE YEARS MONTHS DYS If LESS than 1 day, 1.2 hrs. or 1.5 min.
6

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 Missouri13. NAME Jessie Albert Owens14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butterfield Mo15. MAIDEN NAME Ethel Dillion Slape16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jaliquan, Okla17. INFORMANT (ADDRESS) Jessie Albert Owens

18. BURIAL, CREMATION, OR REMOVAL

PLACE Winkler Cemetery DATE Aug 11, 194219. FUNERAL DIRECTOR (NAME) (ADDRESS) None20. FILED 8-11 1942 Mrs Geo. Harmer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1942 to Aug 11, 1942.
 I last saw him alive on Aug 4, 1942. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Jaundice, nec. Natrium
 Date of onset _____

Other contributory causes of importance:

Premature birth
159

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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 _____

(Signed) J. D. Baldwin, M. D.(Address) Purdy, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 1-12-48 I X14028

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 942-1312

Date Filed SEP 8 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.....

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.