

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

1. PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. John's Hospital
(If not a hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Wright
 (c) City or town Hartsville
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Albert Quincy Owens
 (b) If veteran, name war No (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug Day 30 Year 1942 hour _____ minute Am

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife Jena Owens 6. (c) Age of husband or wife if alive unknown years
 7. Birth date of deceased: Oct 29 (Month) 1897 (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 18 1942 and that death occurred on the date and hour stated above.
 Immediate cause of death: General Peritonitis

8. AGE: Years 64 Months 9 Days 22 If less than one day _____ hr. _____ min.

Due to Rept. Gangrenous Appendix
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy 12/11

9. Birthplace Wright Co Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Miller

11. Industry or business _____
 12. Name Henry J. Owens
 13. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Martha Bradshaw
 15. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Owens
 (b) Address Hartsville Mo
 17. (a) Burial (b) Date thereof Aug 23, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hartsville Mo
 18. (a) Signature of funeral director Gene E. Alden
 (b) Address Hartsville Mo
 19. (a) 8-21-42 (b) G. W. Hurdley
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 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? _____
 While at work? _____ (Specify type of place) (Month) (Year)
 23. Signature G. W. Hurdley (M. D. or other) _____
 Address Springfield Mo Date signed Aug 21, 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

Gene E. Aldrews

Licensed Embalmer No.

3865

P. O. Address

Fayetteville, Mo

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.

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