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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27661

Registration District No. 248

Primary Registration District No. 5745

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
Monroe City R.F.D. 4 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 61 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. Monroe City R.F.D.4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Eliza Scott Owen

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased December (Month) 31 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
74	6	12	..... hr. ..... min.

9. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Isaac L. Owen
13. Birthplace Burbin County (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Abigail Dawson
15. Birthplace D.K. (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Arch Owen
(b) Address Monroe City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/42 (Month) (Day) (Year)

(c) Place: burial or cremation St Judes Monroe City

18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City, Mo

19. (a) 7/12/42 (Date received local registrar) (b) Mrs Margaret Meddox Deputy (Registrar's signature)

1146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 29, 1942 to July 11, 1942
that I last saw her alive on July 10, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Interstitial Nephritis	5 yrs.
Due to	
Due to	
Other conditions: Influenza (Include pregnancy within 3 months of death)	3 Mo.

Major findings:
Of operations .....
Of autopsy .....

13/a

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 John T. Hebbe (M. D. or other)
Address Monroe City Mo Date signed 7/11/42

(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 By Me, Registered Apprentice No. ....., working under my personal supervision.

Signed Leslie L Wilson

Licensed Embalmer No. 3014

P. O. Address Warrensburg, 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.