

7. S. No. 2
OM-5-42
Rev. 5-17-39
I X32873

40144

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 11 1943

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 84

1. PLACE OF DEATH: Barry

(a) County Monett

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Monett 2
(If outside city or town limits, write "RURAL") 1

(d) Street No. 200 Pearl Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Luther John Owens

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19th
year 1942 hour 9 minute 05 P.M.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Jewell Cassidy Owens 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 28 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on Dec 19th, 1942; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>4</u>	<u>25</u>	hr. _____ min. _____

Immediate cause of death Uremia

Due to Chronic nephritis

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

10. Usual occupation Painter & Paper Hanger

Other conditions Endocarditis
(Include pregnancy within 3 months of death)

Due to _____

11. Industry or business _____

12. Name Stephen Owens

13. Birthplace Bout Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Pansy Caroline Badgett

15. Birthplace Barry Co Missouri
(City, town, or county) (State or foreign country)

Major findings: 1318

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Faye Snook

(b) Address 200 Pearl Monett Mo

17. (a) Burial (b) Date thereof 12-21-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amhart Cem Barry Co Mo

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? _____

While at work? _____ (Specify type of place)
_____ (Specify means of injury)

18. (a) Signature of funeral director Callaway

(b) Address Monett Missouri

19. (a) Dec 21 1942 (b) Mrs. Audna Willoughby
(Date received local registrar) (Registrar's signature)

23. Signature W. O. Dyer (M. D. or other) W. O.

Address Monett Mo Date signed 12/21/42

1322

(Licensed Embalmer's Statement on Reverse Side)

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

5
2
1

RECEIVED

District Health Officer No. 6;

District File Number 143-15

Date Filed JAN 6 1943

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.....

J. D. Buchanan....., Registered Apprentice No.....
working under my personal supervision.

Signed J. D. Buchanan.....

Licensed Embalmer No. 3179.....

P. O. Address Wm. M. M......

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.