S. No. 2
M—5-42
5-17-39
X32

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13344

MAY 5 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1873

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1222 East 18th St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 1 yr years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8

(d) Street No. 1222 E-18th St (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Samuel Owens

3. (b) If veteran, name war no

3. (c) Social Security 483-05-4466

4. Sex male 5. Color or race Colored

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife —

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

7. Birth date of deceased 11 (Month) 1 (Day) 1884 (Year)

8. AGE: Years 58 Months 65 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Alma (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Samuel Owens
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Gordon
15. Birthplace Alma Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Turman
(b) Address Denver Colo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 20 (Day) 43 (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director H. B. Moore
(b) Address 1820 E-18th St

19. (a) 4-20-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 14 year 1943 hour 11:15 minute a. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19..; that I last saw h..... alive on ....., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Myocarditis (Duration)

Due to Acute Pulmonary Edema

Due to —

Other conditions (Include pregnancy within 3 months of death) 9 30

Major findings:
Of operations
Of autopsy yes

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 L. T. Richardson (M. D. or other)

Address 1832 Vine Date signed 4-17-43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed A. T. Moore

Licensed Embalmer No. 948

P. O. Address Kansas City

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.