. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13818

FILED MAY 5 1944

Registration District No. 949

Primary Registration District No. 1002

Registrar's No. 1799

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: 49TH & CHESTNUT AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -
(Specify whether In this community 9 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 4806 PROSPECT AVENUE
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME FRED EUGENE OWENS JR

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

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 MAY (Month) 28 (Day) ~~1934~~ 1933 (Year)

8. AGE: Years 10 ~~9~~ Months 10 Days ~~26~~ 5 If less than one day hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation STUDENT

11. Industry or business JAMES WILLARD SCHOOL

FATHER
12. Name FRED EUGENE OWENS, SR.
13. Birthplace LOUISVILLE (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name ALICE MARY ANDERSON
15. Birthplace OTTAWA (City, town, or county) KANSAS (State or foreign country)

16. (a) Informant Alice Mary Owens

(b) Address 4806 Prospect

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 26 1944 (Month) (Day) (Year)

(c) Place: burial or cremation GREEN LAWN CEMETERY

18. (a) Signature of funeral director D. H. Newcomers Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4.24.24 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 23RD year 1944 hour 12 minute 15 P.M.

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

	Duration
Immediate cause of death acute pulmonary edema	
Due to Drowning,	
Due to accidental fall into pool of water	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy See above

1833
36

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) accident

(b) Date of occurrence 4/23/44 12.3

(c) Where did injury occur? Kansas City, Jackson, Mo. (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? no (e) Means of injury Drowned in a pool of water

23. Signature A. E. Upsher (M. D. or other)

Address 23rd & McCoy 2 Date signed 4/23/44

(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 H. O. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K. C. 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.