S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6570

Registration District No. 1718 Primary Registration District No. 4309 Registrar's No. 2

1. PLACE OF DEATH:

(a) County McDonald

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

(c) Name of hospital or institution: (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 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County McDonald

(c) City or town South West City (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 Hettie Lou Owens

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife Andrew C Owens

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April (Month) 9 (Day) 1888 (Year)

8. AGE: Years 56 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Colbert Co (City, town, or county) Alabama (State or foreign country)

10. Usual occupation House wife

11. Industry or business Own Home

FATHER
12. Name Robert Goodwin
13. Birthplace Colbert Co (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Sarah Denton
15. Birthplace Colbert Co (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Andrew C Owens

(b) Address South West City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-8-45 (Month) (Day) (Year)

(c) Place: burial or cremation South West City Mo

18. (a) Signature of funeral director E.R. Tyrott

(b) Address Gravette Ark

19. (a) 2-12-45 (Date received local registrar) (b) John J Nichols (Registrar's signature)

1336

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1945 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from 2-5, 1945, to 2-5, 1945 that I last saw her alive on 2-5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 M.D.

23. Signature R. Harmack (M. D. or other)

Address Southwest City Mo Date signed 2-5-45

(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 E R Pyeatt

Licensed Embalmer No. 3211

P. O. Address Gravette Ark.

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.