

FILED SEP 3 1946

Registration District No. 57

Primary Registration District No. 4083

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Dewitt
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

(c) City or town Dewitt Missouri 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Della Marrille Owings.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female / 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 18 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>3</u>	<u>3</u>	hr. _____ min.

9. Birthplace Dewitt Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name John R. Carson.

13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Annie Russell

15. Birthplace ILL.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs James Bittiker

(b) Address Carrollton Mo. 8

17. (a) Burial (b) Date thereof 7-23-46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen (Dewitt Mo.)

18. (a) Signature of funeral director Marshall F. Home.

(b) Address Carrollton Mo.

19. (a) Aug 23-46 (b) Pearl Koch.
(Date of arrival local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st.
year 1946 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct 1-1945
1945 to March 15-1946.
that I last saw her alive on March 15-1946.
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis repet.

Due to _____

Due to _____

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

Major findings:
Of operations 930

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 _____

23. Signature J L Peter MD (M. D. or other) 0
Address Brunswick Mo Date signed Aug 24

RECEIVED

District Health Officer No. 8,

District File No. _____

Date Filed 8-31-66

SEP 17 1966

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 _____

 R. M. Marshall Jr., Registered Apprentice No. 409

working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carroll 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.