

FILED DEC 24 1946
Registration District No. **149**

Primary Registration District No. **1802**

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:
3240 Norledge 4 Conv. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 month**
(Specify whether
In this community **as above**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County
(c) City or town **Tarkio**
(If outside city or town limits, write "RURAL")
(d) Street No. **no.**
(If rural, give location)
(e) Citizen of foreign country? **X no** (Yes or No)
If yes, name country **X**

3. (a) PRINTED FULL NAME **Mrs. Dona P. Owens**
3. (b) If veteran, name war **NO.**
3. (c) Social Security No. **NO.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **7**
year **1946** hour **8:40** minute **P.** M.

4. Sex **female** **5. Color or race** **white**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **S. M. Owens**
6. (c) Age of husband or wife if alive **Dece.** years

21. I hereby certify that I attended the deceased from
Oct., 19**46** to **death**, 19**46**
that I last saw him alive on **recently**, 19**46**
and that death occurred on the date and hour stated above.

7. Birth date of deceased: **October 30 1868**
(Month) (Day) (Year)
8. AGE: Years **78** Months **1** Days **27**
If less than one day hr. min.

Immediate cause of death
Arteriosclerosis and Pericarditis Anemid
Acute Stasis Pneumonia
Due to
Due to

9. Birthplace: **Lees Summit, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **at home,**

11. Industry or business: **X**

12. Name: **Richard Moore**

13. Birthplace: **unknown,**

14. Maiden name: **Mary Ann Shortridge**

15. Birthplace: **unknown,**

16. (a) Informant: **Mrs. Johnson, Albert O.**

(b) Address: **5730 Garfield, Kansas City, Mo.**

17. (a) removal (b) Date thereof **12-9-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tarkio, Missouri**

18. (a) Signature of funeral director: **Stine & McClure**

(b) Address: **3235 Gillham Plaza, K. C., Mo.**

19. (a) 12-9-46 (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy **No**

22. If death was due to external causes, fill in the following:
(c) 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) (e) Means of injury

23. Signature: **James I. Ferguson** (M. D. or other)
Address: **P.O. Bryan & Blvd.** Date signed **12/9/46**

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. J. T. Ferguson

Bryant Bied

Dec 31 1971

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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

J. J. Allen

Licensed Embalmer No. *1415*

P. O. Address *R. C. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.