

S. No. 2
M-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 337
Registrar's No. 337

FILED MAR 26 1947
Registration District No. 21947

Primary Registration District No. 5-289

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

1. PLACE OF DEATH:

(a) County Clay Gallatin Twp.

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 1 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town North Kans. City, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Wiatanka Additions, RR#8
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY DRUCELLA OWENS

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from 5-25-45 to death 19 and that I last saw her alive on 2-23-47 19 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Hiram Webster Owens deceased

6. (c) Age of husband or wife if deceased years 24 1862

7. Birth date of deceased: Oct 24 1862
(Month) (Day) (Year)

Immediate cause of death: Central Nervous System 1 1/2 yr

Due to hypertension ?

Due to arteriosclerosis ?

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 84 Months 4 Days 0

If less than one day X hr. X min.

9. Birthplace Parkville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name Wash Huntsman 9

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

14. Maiden name Unknown Unknown

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

PHYSICIAN

Major findings: Of operations MA

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant RR#8 North Kans. City, Mo.

(b) Address

17. (a) Burial (b) Date thereof 2/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery Liberty Mo.

18. (a) Signature of funeral director Morton Smith's F.H.

(b) Address 832 Armour Bd., N.K.C., Mo.

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature R.H. Dunham M.D. (M. D. or other)

Address N.K.C., Mo. Date signed 2/24/47

19. (a) Feb 26 - 1947 (b) Beulah Fitchner
(Date received local registration) (Registrar's signature)

RECEIVED

District Health Officer No. 3,

District File Number _____

Date Filed 3-26-47

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 _____

Chester L. Flaming

Registered Apprentice No. 447

working under my personal supervision.

Signed *Theron O. Smith*

Licensed Embalmer No. _____

P. O. Address _____

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.