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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14067

State File No. _____

FILED APR 17 1947

Registration District No. 177

Primary Registration District No. 5671

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Truxton 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 _____ (Specify whether)
In this community 84 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln Mo
(c) City or town Truxton Mo Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Sitton Owings

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 25 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>4</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Retired Merchant

11. Industry or business General Duties

12. Name Issac Owings

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

14. Maiden name Ada Sitton

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

16. (a) Informant Rex Owings

(b) Address St Louis Mo

17. (a) Burial (b) Date thereof 4-10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cem Truxton

18. (a) Signature of funeral director Clayton A Jones

(b) Address Bellflower Mo

19. (a) 4-7-1947 (b) Emma B Riddle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 7
year 1947 hour 10:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from APRIL - 6
1947 to APRIL - 7 1947
that I last saw him alive on APRIL 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial decompensation 4 Days

Due to Chronic myocarditis 20 yrs

Due to Chronic interstitial nephritis 20 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 315

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? _____ Means of injury ?

23. Signature W Law Orndale (M. D. or other) Mo

Address Montgomery City Date signed 4/9/47

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

DEC 18 1947

Date Filed 4-21-47
District File Number _____

District Health Officer No. 9,

RECEIVED

MAY 16 1947

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 _____

_____ Me _____, Registered Apprentice No. 2978
working under my personal supervision.

Signed Aland B. Jones

Licensed Embalmer No. 2973

P. O. Address Bellflower 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.