S. No. 2
M—8-43
r. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22021
State File No.

Registration District No. 316 Primary Registration District No. 6072 Registrar's No. 218

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town: Rural Bouliton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5325 N. Second St. 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME BERTHA M. OWENS
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James H. Owens
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased May (Month) 21 (Day) 1880 (Year)

8. AGE: Years 67 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Stephen H. Jett
13. Birthplace Osage County (City, town, or county) Mo. (State or foreign country)
14. Maiden name Esther Price
15. Birthplace Polk County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant James H. Owens
(b) Address St. Louis, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 27 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Meplona Cemetery St. Louis County Mo
18. (a) Signature of funeral director Mellow Funeral Home
(b) Address Farmington, Mo.
19. (a) 6-28-47 (Date received local registrar) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1947 hour 12 minute P.M.
21. I hereby certify that I attended the deceased from June 21, 1947, to June 26, 1947, that I last saw her alive on June 21, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy. Duration
Hypertensive cardiovascular renal disease.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 13/A
Of autopsy

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 0
23. Signature Sofenfleme MD (M. D. or other)
Address 501 C St Farmington Mo Date signed 6-30-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 742-907

Date Filed 2-2-42

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 Earl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.