

STANDARD CERTIFICATE OF DEATH

FILED AUG 6 1948
Registration District No.

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 121 1/2 St. Charles
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 121 St. Charles
(If rural, give location)

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

3. (a) PRINT FULL NAME William H. Owens

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. Color or race N.

5. Color or race N.

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

6. (b) Name of husband or wife Hattie

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 10 10 hr. min.

9. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business

12. Name No record

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

14. Maiden name " "

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

16. (a) Informant Hattie Owens
121 St. Charles

(b) Address

17. (a) Burial (b) Date thereof 6-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkway

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin Mo.

19. (a) 6-26-48 (b) Walter Sampson Sr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1948 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from June 20, 1947 to June 23, 1947 that I last saw him alive on June 22, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Old age

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

Signature W. C. Coyle (M. D. or other) 0

Address Joplin Date signed 6-24-47

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

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

47-1-628

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.