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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 26 1947

Registration District No. 243

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42476

Primary Registration District No. 3047

Registrar's No. 113

1. PLACE OF DEATH:

(a) County: Newton

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

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

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)

In this community: 71 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: McDonald

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

(d) Street No.: None
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: WILLIAM JESSIE OWSLEY

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Cloe L. Owsley

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: October (Month) 4 (Day) 1876 (Year)

8. AGE: Years 71 | Months 2 | Days 10 | If less than one day: hr. min.

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

10. Usual occupation: Retired

11. Industry or business: U. S. Rural Mail Carrier

FATHER
12. Name: Franklin Owsley
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Mary Brock
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Cecil Owsley
(b) Address: Goodman, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/17/1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Owsley Cem., Bethpage, Mo.

18. (a) Signature of funeral director: John B. Popiniar
(b) Address: Goodman, Missouri

19. (a) 12-18-47 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 14th, 1947, to Dec. 14th, 1947, that I last saw him alive on Dec. 14th, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration 24 hrs
Massive Basal in Type

Due to: Arteriosclerosis

Due to:

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None

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)

(e) While at work? (e) Means of injury:

23. Signature: Melvin C. Bowman (M. D. or other) M.D.

Address: Neosho, Mo. Date signed Dec 18 47

(Licensed Embalmer's Statement on Reverse Side)

MAR 4 1948

RECEIVED

District Health Officer No. Newton

District File Number 1247-235

Date Filed 12-24-47

JUN 1 5 1949

JAN 13 1956

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 John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.