

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
- I X36671

FILED FEB 3 1948

State File No. ....

Registration District No. 249

Primary Registration District No. 1002

Registrar's No. 256

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
Osteopathic Hosp. 11 & Harrison  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hrs.  
(Specify whether years, months or days)

In this community 12 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

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

(d) Street No. 34 South 16th St  
(If rural, give location)

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

3. (a) PRINT FULL NAME FRANK OWENS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race Indian

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

6. (b) Name of husband or wife Josie Owens Jr.

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

7. Birth date of deceased: April 4 1966  
(Month) (Day) (Year)

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

81 9 13 hr. min.

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

10. Usual occupation retired farmer

11. Industry or business.....

12. Name Frank Owens Sr.

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

14. Maiden name Mable Shelton

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

16. (a) Informant Josie Owens

(b) Address Kansas City Kansas

17. (a) Removal (b) Date thereof 1-17-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Kansas

18. (a) Signature of funeral director C. H. Blackman & Son Inc.

(b) Address Kansas City, Mo.

19. (a) 1-17-48 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17  
year 48 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw him..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
Coronary Sclerosis

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death) 93d  
Deputy Coronar

Major findings:  
Of operations.....

Of autopsy History inspection

Duration

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? 0

While at work..... (Specify type of place) (Means of injury)

23. Signature A. E. Upsher (M. D. or other) M.D.  
Address 2800 Main (City or town) (State)

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

48  
3

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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 C. K. McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City, 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.**