

FILED FEB 20 1948
Registration District No. 499

Primary Registration District No. 1002

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

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:
5828 Grand Avenue /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none (Specify whether)
 In this community 31 years
 years, months or days

3. (a) PRINT FULL NAME Patrick Henry OWENS
 3. (b) If veteran, name war World War I
 3. (c) Social Security No. none

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Louise M. Owens
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased August 24, 1883
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 17 hr. min.

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

10. Usual occupation Medical Doctor

11. Industry or business Self

12. Name Hugh Owens

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

14. Maiden name Sara Crain

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

16. (a) Informant Mrs. Louise M. Owens

(b) Address 5828 Grand Ave., K.C., Mo

17. (a) Burial (b) Date thereof 2-14-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar
Kansas City, Missouri

(b) Address Kansas City, Missouri

19. (a) 2-13-48 (b) Heraldine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5828 Grand Avenue
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
 year 1948 hour 9 minute 10 P.A.M.

21. I hereby certify that I attended the deceased from May 1947 to 2-11-48
 that I last saw him alive on 2-11-48
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Artery Thrombosis (died 2/9/48)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations a/h/a

Of autopsy See above

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature COVENS (M. D. or dentist)
 Address 1109 Poydley Ave Date signed 2/11/48

Duration

 PHYSICIAN
 Underline the cause to which death should be charged statistically.

APR 21 1948

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

Glenn E. Heck

Licensed Embalmer No.

4063

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.