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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 21 1948

Registration District No. 3 8 5

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16888

Primary Registration District No. 3039

Registrar's No. 168

1. PLACE OF DEATH:

(a) County: Linn

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

(c) Name of hospital or institution: St Francis 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 7 Days (Specify whether years, months or days)

In this community: 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Linn 58

(c) City or town: Marceline 2
(If outside city or town limits, write "RURAL")

(d) Street No.: 501 S Kansas Ave 1
(If rural, give location) 0

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

If yes, name country:

3. (a) PRINT FULL NAME: Peter Joseph Owens

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: male 0

5. Color or race: white

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

6. (b) Name of husband or wife: Jennie Pollock

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

Birth date of deceased: July (Month) 28 (Day) 1864 (Year)

8. AGE: Years 83 | Months 8 | Days 19 | If less than one day: hr. — min. 4

9. Birthplace: Glasgow (City, town, or county) Scotland (State or foreign country)

10. Usual occupation: Stationary Engineer

11. Industry or business:

FATHER
12. Name: John Owens 4
13. Birthplace: Scotland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ann Kilty 4
15. Birthplace: Scotland (City, town, or county) (State or foreign country)

16. (a) Informant: John B Owens
(b) Address: Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 20 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Killiard

18. (a) Signature of funeral director: James McLaughlin
(b) Address: Marceline Mo

19. (a) 4-18-1948 (Date received local registrar) (b) Mary Jane Owens (Registrar's signature) LDI

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1948 hour 10 minute 05 AM.

21. I hereby certify that I attended the deceased from March 29, 1948, to April 17, 1948, that I last saw him alive on April 16, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral thrombosis	10 hr
Due to: Arteriosclerosis	2 yrs or more
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 83 B	

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: C A Campbell MD (M.D. or other)

Address: Marceline, Mo. Date signed: 4/19/48

(Licensed Embalmer's Statement on Reverse Side)

pbelle

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Dale Bench

Licensed Embalmer No. 4088

P. O. Address Marceline 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.