

S. No. 2
DM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18593**
Registrar's No. **86**

Registration District No. **10** Primary Registration District No. **3002**

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

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Mexico, Missouri
(c) Name of hospital or institution: Mexico General Hospital
(d) Length of stay: In hospital or institution 6 days
In this community 6 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln
(c) City or town Elabor, Missouri
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME CAROLINE MARIE OWINGS
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 8 year 1948 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from JUNE 2, 1948 to JUNE 8, 1948
that I last saw her alive on JUNE 8, 1948 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, ~~married~~, divorced 1
6. (b) Name of husband or wife I. EDGAR OWINGS
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased June 23 1873
(Month) (Day) (Year)

Immediate cause of death Uremia
Due to Chronic glomerulo nephritis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy 137D

8. AGE: Years Months Days If less than one day
74 11 15 hr. min.

9. Birthplace Monroe County - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Fred. Huper
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Katharine Caroline Durrell
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant B. Everett Owens
(b) Address Montgomery City, Missouri

17. (a) Burial (b) Date thereof June 10, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elabor, Missouri

18. (a) Signature of funeral director Schlesher Motz
(b) Address Montgomery City, Mo.

19. (a) 6/10/48 (b) Blanche Reely
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury 2 UP
23. Signature H. S. Alshuman (M. D. or other) MD
Address Mexico Mo Date signed 6/10/48

RECEIVED

District Health Officer No. 10

District File Number 6-48-1066

Date Filed JUN 16 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 E. Boone Schlander

Licensed Embalmer No. 4136

P. O. Address Montgomery 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.