

S. No. 300
M-10-47
rv. 5-17-39
I 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26523
Registrar's No. 3111

Registration District No. 199

Primary Registration District No. 1002

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: General Hosp. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours
(Specify whether years, months or days) 21 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. 938 Tenny
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Roland Jasper Owens
3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 28th
year 1948 hour 5:20PM minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Owens 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Sept. 4 1882
(Month) (Day) (Year)

Immediate cause of death _____
Due to Circulatory Failure
Coronary Sclerosis
Due to _____
Other conditions Alcoholism
(Include pregnancy within 3 months of death)
Major findings: Deputy, Owner
Of operations _____
Of autopsy History
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
65 10 24 _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name James A. Owens

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

14. Maiden name Margaret Martin

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

16. (a) Informant Mrs. Nellie Owens

(b) Address 938 Tenny: K. C. Kan.

17. (a) Burial (b) Date thereof 7-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill: K.C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place K.C. Mo.

19. (a) 7-30-48 (b) Suzaldine Holmes
(Date received local registrar) (Registrar's signature)

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 cause of place) (e) Means of injury _____
Signature A. E. Oberer (M. D. or other) _____
Address 2800 Main Date 7/28/48

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

78
3
8

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 Blaire E. Walcott
Licensed Embalmer No. 4075
P. O. Address L.C. 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.