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FILED SEP 14 1948  
Registration District No. 267

Primary Registration District No. 5906

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

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution:  
Wardell / Rural Little River Twp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days) 29 years (Specify whether

3: (a) PRINT FULL NAME Marion Campbell Owens

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Wife Deller

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 29 1867  
(Month) (Day) (Year)

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

81 3 11 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business X

12. Name Hampton Owens

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

14. Maiden name Anna B. Hobbs

15. Birthplace Unknown Ky. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Flavil Owens

(b) Address Wardell, Mo.

17. (a) Burial (b) Date thereof 7/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

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

(b) Address Caruthersville, Mo.

19. (a) 9-9-48 (b) John W. Herman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Wardell Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Wardell 0  
(If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1948 hour 8:15 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 15 - 1948  
\_\_\_\_\_ 19\_\_\_\_ to July 10 1948  
that I last saw him alive on July 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
angina pectoris

Duration 2 1/2

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 94 B

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature W. Bullitt (M. D. or other) 0

Address Wardell, Mo. Date Sept 20

9-48-258

**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 James A. Osburn  
Licensed Embalmer No. 4185  
P. O. Address Lawrenceville, Ga.

**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.**