

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29902

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3795

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 3308 East 35th Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 26 years  
years, months or days

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. 3308 East 35th Street  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. ESSIE BERTHA OWENS

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1948 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Sept 12 1948 to line of death and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife William B. Owens 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased November 17 1884  
(Month) (Day) (Year)

Due to Heart Block 2 days

Due to Coronary Occlusion 2 day

Due to hypertensive heart disease Indefinite

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>9</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business At Home

12. Name Charles Hait 9

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

14. Maiden name Mary E. Hyatt 9

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

16. (a) Informant William C. Owens

(b) Address 3308 E. 35th Street

17. (a) Removal (b) Date thereof 9-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka, Kansas

18. (a) Signature of funeral director W. J. Thurmon's son

(b) Address 1401 Brush Creek Blvd

19. (a) 9-17-48 (b) Gerardine Holmes  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 930

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 0

23. Signature Leo M. Muller (M. D. or other) MD

Address 3547 Indiana Date signed 9-16-48

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

35-48 Embalsmed Case.

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**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 Bernard L. Horan

Licensed Embalmer No. 4258

P. O. Address W.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.**