

FILED DEC 4 1942

Registration District No. 5

Primary Registration District No. 4085

1. PLACE OF DEATH:

(a) County Canada
(b) City or town: Hale
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all of life years, months or days

3. (a) PRINT FULL NAME Huey Sylvester Owens

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah Ellen Owens 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Jan. 20 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Boston Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

MOTHER FATHER
12. Name Jules Mission Owens
13. Birthplace Mo.
14. Maiden name Sarah Elizabeth Ramsey
15. Birthplace Mo.

16. (a) Informant Mrs Sarah Ellen Owens
(b) Address Hale Mo

17. (a) Burial (b) Date thereof Nov. 17-1942 (c) Place: burial or cremation Hale Cemetery
(Burial, cremation or removal) (Month) (Day) (Year) (Specify type of place)

18. (a) Signature of funeral director Frank E. Slater
(b) Address Hale Mo

19. (a) Nov. 17-42 (b) Mrs Edgus Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Canada
(c) City or town Hale
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1942 hour 3 minute 30 A M.

21. I hereby certify that I attended the deceased from Oct 15
1942 to Nov 16 1942
that I last saw him alive on Nov 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion

Due to Cancer of Stomach 5 yrs

Due to _____

Other conditions H6 B
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____ (e) Means of injury _____

23. Signature Dr. O. O. Welch II (M.D. or other) D.O.
Address Hale, Mo Date signed 11-16-42

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

17
8
0

17
0

#0

RECEIVED

District Health Officer No. 8,

Case File Number: _____

Date Filed: 12-3-42

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 ^{not} _____,

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed J. E. Slater

Licensed Embalmer No. 937

P. O. Address Hal 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.