

George W. Owens - s/o Madison C. & Cecila Owens

COMMONWEALTH OF KENTUCKY				50	13132
FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS				State File No.	Registrar's No.
Department of Health BUREAU OF VITAL STATISTICS				34	
CERTIFICATE OF DEATH					
Registration District No. <u>1305</u>		Primary Registration District No. <u>8101</u>			
1. PLACE OF DEATH a. COUNTY <u>Rockcastle</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Rockcastle</u>			
b. CITY OR TOWN <u>Spiro</u>		c. LENGTH OF STAY (in this place)		c. CITY (if outside corporate limits, write RURAL and give locality) <u>Spiro</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (if rural, give location)			
1. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Owens</u> c. (Last) <u>Owens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1950</u>		
SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-6-1877</u>	9. AGE (In years last birthday) <u>73</u>	10. If Under 1 Year If Under 24 Hrs. <u></u>
10a. USUAL OCCUPATION (Give kind of work) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>RockCastle</u>	
13. FATHER'S NAME <u>Matt Owens</u>			14. MOTHER'S MAIDEN NAME <u>Cecilia Owens</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Johnie Owens</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u>		DUE TO (b) <u>Heart failure</u>			
2. ANTECEDENT CAUSES (b) <u>Dead when found</u>		DUE TO (c) <u>Dead when found</u>			
3. OTHER SIGNIFICANT CONDITIONS (c) <u>Dead when found</u>		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:45 AM</u> from the causes and on the date stated above.					
23a. DATE SIGNED <u>6-28</u>		23b. ADDRESS <u>Mt. Vernon Ky</u>		23c. SIGNATURE (Degree or title) <u>Walker Owens</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 13, 1950</u>		24c. NAME OF CEMETERY OR CREAMATORY <u>Freedom</u>	
<u>Burial</u>				24d. LOCATION (City, town, or county) (State) <u>Spiro, Ky</u>	
25. DATE REC'D BY <u>6/30/50</u>		25b. REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. FUNERAL DIRECTOR ADDRESS <u>Owens & Son Brookland, Ky.</u>	

Year of birth and age listed are incorrect.

George's headstone shows he was born in 1866 not 1877. In addition, he is listed as 4 years old in the 1870 census. Therefore, the headstone is more likely correct making his year of birth as 1866 and age at death 84.