

SOCIAL SECURITY NO.  
371-10-7428

CERTIFICATE OF DEATH  
MICHIGAN DEPARTMENT OF HEALTH  
Bureau of Records and Statistics

State File No.  
982 5929

If return, name was

FULL NAME **Frank M Owen**

Local File No. **37**

PLACE OF DEATH:  
County **Wayne**  
Township  
City or village **Dearborn**  
Name of hospital **Dearborn Hotel**  
(If not in hospital, give street address.)  
Length of stay in hospital In this community **5 yrs**

USUAL RESIDENCE OF DECEASED:  
State **Michigan** County **Wayne**  
Township  
City or village **Dearborn**  
Street no. **Dearborn Hotel**  
Citizen of foreign country? **no**  
If yes, name country

Sex **male** Color or Race **white** Single, Married, Widowed or Divorced **Married**

MEDICAL CERTIFICATION

NAME OF HUSBAND or WIFE

Date of death **November 24,** 19**42**

Name **ANNA OWEN** Age, if alive **53**

I hereby certify that I attended the deceased from \_\_\_\_\_  
19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_. I last saw him alive on \_\_\_\_\_  
, 19\_\_\_\_. Death is said to have occurred on the  
date stated above at \_\_\_\_\_ M. Duration

Birth date of deceased **Oct. 2, 1881**  
Age: Years **61** Months **1** Days **22** If less than one day hrs. min.

Immediate cause of death

Birthplace **Ypsilanti Michigan**  
Usual occupation **Plant protection**  
Industry or business **Ford Motor Co.**  
Name **unknown**  
Birthplace **unknown**  
Maiden name **unknown**  
Birthplace **unknown**

*Coronary Atherosclerosis*

Other contributory causes of importance

Informant **Mrs Anna Owen (wife)**  
Address **308-N. Prospect-Ypsilanti Mich**

Major findings and dates:  
Of operations

Funeral, cremation or removal (Circle the word which applies)  
Place **Detroit Michigan**  
Cemetery **Grand Lawn** Date **11-28 1942**

In case of violence, state if accident, homicide or suicide

Funeral director's signature **A. L. McFarland**  
Address **Dearborn Michigan**  
Phone **11-27-43**  
Local Registrar

Where did injury occur?  
In industry, home or public place?  
Was disease or injury related to occupation of deceased?  
Signature  
Address **NOV 27 1942**