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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1942

Registration District No. 355

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21692

Primary Registration District No. 5674

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution: 1/2 Mi S Chillicothe Mo.
(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)

In this community 18 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Rural Chillicothe Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 1/2 Mi S Chillicothe Mo
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME FRANLIS IRENE POWERS.

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

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

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

7. Birth date of deceased July (Month) 1 (Day) 1942 (Year)

8. AGE: Years — Months — Days — If less than one day — hr. 5 min.

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

10. Usual occupation Infant

11. Industry or business .....

MOTHER FATHER

12. Name Wayne Eldridge Powers

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

14. Maiden name Ruth Irene Pulliam

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

16. (a) Informant Wayne Eldridge Powers

(b) Address Chillicothe Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Tina Mo

18. (a) Signature of funeral director Gerrard W. Austin

(b) Address Chillicothe Mo

19. (a) July 6 1942 (Date received by local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1942 hour 9:35 minute P.M.

21. I hereby certify that I attended the deceased from July 1 1942 to July 1 1942 that I last saw her alive on July 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Eclampsia — Duration 5 min

Eclampsia of mother

Due to /

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations 161C

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? ..... (Specify type of place)

While at work? — (e) Means of injury —

23. Signature G W Carpenter (M. D. or other)

Address Chillicothe Mo Date signed 7/7/42

408 (Licensed Embalmer's Statement on Reverse Side)

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.....Clifford W. Austin

Licensed Embalmer No.....2233

P. O. Address.....Tina, Missouri

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.