

FILED JAN - 7 1942

Registration District No.

Primary Registration District No. 6086-

Registrar's No. 163

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL, S. t. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 yrs. 9 mos. 21 days
(Specify whether years, months or days)

In this community 10 yrs. 9 mos. 21 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne County

(c) City or town Co. Farm
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Pearl Powers

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased: 1898
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25
year 1942 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from July 15 1942 to Nov. 25 1942
that I last saw her alive on November 25 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months Days If less than one day
hr. min.

Immediate cause of death Pulmonary tuberculosis
Duration 8 yrs

Due to 13 1/2

Due to

Other conditions Mental deficiency with psychosis
(Includes pregnancy within 3 months of death)

9. Birthplace Wayne County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Industrial Work

11. Industry or business

Major findings: Of operations

Of autopsy

PHYSICIAN —
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name John Blaylock

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

{ 14. Maiden name Lurina Powers

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

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? Farmington, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 0 (Specify type of place) (e) Means of injury

23. Signature Paul J. Ehrhard (M. D. or other) mo
Address Farmington, Missouri Date signed 11-25-42

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-42
(Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cemetery Farmington, Missouri

18. (a) Signature of funeral director C. H. Cozean

(b) Address Farmington, Missouri

19. (a) Dec. 8, 1942 (Date received local registrar) (b) Byndie Puhmester (Registrar's signature)

RECEIVED

District Health Officer No. 4
District File Number 143-15-4
Date Filed 1-5-43

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.....

me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ch Cozart

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.