

318

REG. DIST. NO. 1002

Registrar's No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. LENGTH OF STAY (in this place) 11 days	c. CITY (If outside corporate limits, write RURAL and give township) Salem		1280
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			d. STREET ADDRESS (If rural, give location) R. R. #5		
3. NAME OF DECEASED (Type or Print) a. (First) Katherine		b. (Middle) Ann	c. (Last) Power	4. DATE OF DEATH (Month) (Day) (Year) May 1, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 19, 1919	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Wisconsin Rapids, Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Roland Carrington		13b. MOTHER'S MAIDEN NAME Unknown.	14. NAME OF HUSBAND OR WIFE Harry Sherman Power		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Power, Salem, Missouri		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Disseminated Lupus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchopneumonia</u> DUE TO (c) <u>No tubercular involvement (suppressed)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 months</u> <u>10 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month)-(Day)-(Year) (Hour) (M.)		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>456X</u> <u>ADDITIONAL INFO</u> <u>SIPP</u> <u>REMOVED</u> <u>SIGNED</u>				
22. I hereby certify that I attended the deceased from <u>April 20, 1950</u> , to <u>May 1</u> , 19 <u>50</u> , and that death occurred at <u>9:45 A. m.</u> , from the causes and on the date and at the place above.					
23a. SIGNATURE (Deceased or title) <u>Wm J. Gray M.D.</u>			23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 5/1/50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6-1-50	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Steelville, Missouri		
DATE RECD BY LOCAL HEALTH DEPT.		REGISTRAR'S SIGNATURE <u>J. B. Lester</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington		

MAY 2 1950

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Edna R. Padwell

Signed.....
Student Embalmer

Licensed Embalmer No. 42077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.