

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18637
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE Registration District No. 316
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 408
(c) City SPRINGFIELD (d) Street No. 1409 N. Sherman Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Anna Elizabeth Powers
(a) Residence, No. 1409 N. Sherman St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom Powers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10th 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
68 0 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurora Mo
13. NAME James Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Elizabeth Maples
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Tom Powers 1409 N. Sherman

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cem DATE May 19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Herman Lohmeyer Springfield, Mo.

20. FILED 5-17- 1939 Charles George MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16th 1939

22. I HEREBY CERTIFY, That I attended deceased from 1939, to 1939, 1939
I last saw her dead arrive on May 16, 1939. Death is said to have occurred on the date stated above, at 2.20a.
The principal cause of death and related causes of importance were as follows:
Ruptured ovarian cyst caused by automobile accident. car turned over in ditch -- crowded off highway 69, by bus. Date of onset 4/10
Other contributory causes of importance: 4/10

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident. Date of injury 5-16, 1939.
Where did injury occur? near Cameron Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on highway #69, car crowded off
Manner of injury highway and car turned off
Nature of injury internal organ

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) J.P. Cameron Coroner, M. D.
(Address) 604 E Elm

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Stephen Gorman

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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, above space should be left blank.

X