No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18650

State File No.

Registration District No. 400 Primary Registration District No. 55532 Registrar's No. E8

1. PLACE OF DEATH:

(a) County JACKSON Prairie Twp

(b) City or town ~~Little Blue~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
County Emergency Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days) ~~At Buckner about 8 months~~

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Buckner Missouri
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? XX years.

3. (a) PRINT FULL NAME Julia Powell Briscoe 620

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased July (Month) 30 (Day) 1900 (Year)

8. AGE: Years 39 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Levasy (jackson Co.) Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business Her home and in others 1

FATHER
12. Name James Powell
13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ~~Miss Tanny Powers~~
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. William Wynn
(b) Address Levasy Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1940 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ ~~Buckner Missouri~~

18. (a) Signature of funeral director V. M. Keppert 934
(b) Address Buckner Missouri

19. (a) 5-13-40 (Date received local registrar) (b) Sara G. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1940 hour 5:00 P.M. minute M.

21. I hereby certify that I attended the deceased from Dorothy Cox 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death 2nd & 3rd Degree Burn & Body

Due to Explosion when using Coal Oil to

Due to Kindle Fire

Other conditions
(Include pregnancy within 3 months of death)

181
15

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accident
(a) Accident, suicide, or homicide (specify) Oil can fire
(b) Date of occurrence May 2 1940 5:00 P.M.
(c) Where did injury occur? Buckner (City or town) Jackson (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At Kitchen stove in the home
(Specify type of place)
While at work? yes (e) Means of injury burns

23. Signature Russell Wynn (M. D. or other) S
Address Date signed

(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 V. M. Reppert

Licensed Embalmer No. 2321

P. O. Address Buckner 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.