

Registration District No. 712

Primary Registration District No. 4427

Registrar's No. 22

FILED JUL 16 1941  
7 12

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Richland, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME Julia Ann Powers  
3. (b) If veteran,  name war no 3. (c) Social Security No. no

4. Sex girl 5. Color or race white  
6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 20 1941  
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business  
12. Name Raymond L. Powers  
13. Birthplace Richland, Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Doris Elaine Powers  
15. Birthplace Senath, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Doris Elaine Powers  
(b) Address Richland, Mo  
17. (a) Burial (b) Date thereof June 21/941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Lawn Cemetery

18. (a) Signature of funeral director R. B. Tepler  
(b) Address Richland, Mo  
19. (a) June 20/941 (b) Orrett A. Oliver  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski  
(c) City or town Richland, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1941 hour 11 minute 0 A. M.  
21. I hereby certify that I attended the deceased from June 20  
1941, to June 20, 1941;  
that I last saw her alive on June 20, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Difficult Respiration Duration 9 hours

Due to unknown  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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?  
640 (Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature Orrett A. Oliver (M. D. or other) \_\_\_\_\_  
Address Richland, Mo Date signed 6-20-41

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

MOTHER FATHER

RECEIVED.

Pulaski County Health Officer

File Number 74121

Date Filed 7-7-41

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**