No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34192

Registration District No. FILED NOV 17 1941

Primary Registration District No. 3002

Registrar's No. 180

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

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico Ann (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain D (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr (Specify whether

In this community 1 hr years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph

(c) City or town Moberly (If outside city or town limits, write "RURAL") 84

(d) Street No. 704 McKinley (If rural, give location) 6

(e) Citizen of foreign country? no (Yes or No) 3

If yes, name country 1

3. (a) PRINT FULL NAME Florine E Powell

3. (b) If veteran, name war no

3. (c) Social Security No. 486-14-5590

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Carl L. Powell

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Feb. (Month) 10 (Day) 1909 (Year)

8. AGE: Years 32 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Pittsfield (City, town, or county) Ill (State or foreign country)

10. Usual occupation Shoe Vamper

11. Industry or business Brown Shoe Co.

FATHER
12. Name Hugh Wood
13. Birthplace DK 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Young
15. Birthplace DK 9 (City, town, or county) (State or foreign country)

16. (a) Informant Carl L. Powell

(b) Address Moberly, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/31/41 (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana Mo

18. (a) Signature of funeral director Chas Arnold

(b) Address Mexico Mo.

19. (a) Oct. 31-1941 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 year 1941 hour 5 minute — P M.

21. I hereby certify that I attended the deceased from Coroner's Case, 19 to 19; that I last saw h alive on Coroner's Case, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Jury Verdict. We do find that the deceased came to her death in an

Due to unavoidable accident between a truck driven by Max W. Moore and

Due to a car driven by Carl Powell, on highway #54 two miles East of Mexico, Mo

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 170 C-8

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:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Oct. 31, 1941

(c) Where did injury occur? ~~Mexico~~ (City or town) Audrain (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On highway #54 about 2 mi East of Mexico, Mo (Specify type of place)

While at work? (e) Means of injury Collision of a truck & automobile

23. Signature Eug. Burton Coroner (M. D. or other)

Address Mexico Mo Date signed 10/31/41

2 3

(Licensed Embalmer's Statement on Reverse Side)

22

RECEIVED
District Health Officer No. 10
District File Number 11-41-2069
Date Filed NOV 14 1941

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 Geo Arnold Jr

Licensed Embalmer No. 3569

P. O. Address Sedalia, 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.