

FILED DEC 13 1943

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 112

1. PLACE OF DEATH:
 (a) County Johnson
 (b) City or town Warrensburg
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none (Specify whether
 In this community most of life (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Johnson
 (c) City or town Warrensburg
 (If outside city or town limits, write "RURAL")
 (d) Street No. 419, Grover
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country no

3. (a) PRINT FULL NAME Susan Henryetta Powers.

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Dr. J. A. Powers
 6. (c) Age of husband or wife if alive deceased
 7. Birth date of deceased Aug. 4 1860
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 3 0 hr. min.

9. Birthplace Moniteau Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation house keeper.

11. Industry or business

MOTHER FATHER
 { 12. Name James Dunlap
 { 13. Birthplace Tenn.
 { 14. Maiden name Virginia Kelly.
 { 15. Birthplace Moniteau Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant John A. Powers.
 (b) Address Warrensburg. Mo.

17. (a) Burial (b) Date thereof 11-5-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunset Hill Cem.

18. (a) Signature of funeral director Sweeney-Phillips
 (b) Address Warrensburg Mo.

19. (a) Nov 5 1943 (b) Leola M. Williams
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 4
 year 1943 hour 3 minute 45 a.m.

21. I hereby certify that I attended the deceased from April 7
1942 to Nov 4 1943
 that I last saw him alive on Nov 4 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
left side Duration 18 hr
 Due to Mitral regurgitation 18 yr
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations g3d
 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?

While at work? (Specify type of place) (a) Means of injury no

23. Signature J. Williams (M. D. or other) _____
 Address Warrensburg Date signed 11/4/43

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

RECEIVED

Sanitary Health Officer No. 8,

District File Number

Date Filed 12-10-48

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

P. A. Phillips

Licensed Embalmer No.

2320

P. O. Address

Warrensburg, 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.