

S. No. 2
DM-5-43
v. 5-17-39
I X3667

FILED FEB 9 1944

Registration District No. 42

Primary Registration District No. 5634

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Memorial H'way 2 mi. so of City limits
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. R 1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Helen G. Powers

3. (b) If veteran, name war No

3. (c) Social Security No. 488-22-6582

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1944 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from on Feb. 1, at _____, 1944, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex Female / Color or race White

5. Color or race White

6. (a) Single, widowed, married, Divorced Single

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

7. Birth date of deceased: Jan 6 1923
(Month) (Day) (Year)

Immediate cause of death _____ Duration 1 day

Crushing injury to right chest, (fractured 2 ribs, right)

Due to Total internal Hemorrhage

8. AGE: Years 20 Months 0 Days 25 If less than one day _____ hr. _____ min.

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

Due to Numerous bruises and abrasions, about the head, body, and limbs

Other conditions Woman was struck and killed by an automobile on Memorial Highway 2 miles N.W. South of St Joseph, Mo
(Include pregnancy within 3 months of death)

10. Usual occupation Mch. Operator

11. Industry or business Quaker Oats Co

12. Name James M. Powers

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

14. Maiden name Rose Murphy

15. Birthplace Alunthus Mo
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: Underline the cause to which death should be charged statistically.

Of operation On Memorial Highway 2 miles N.W. South of St Joseph, Mo

Of autopsy State maintained highway

16. (a) Informant James M. Powers

(b) Address R 1 St Joseph Mo

17. (a) Burial (b) Date thereof 2-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, Mo

19. (a) 2-5-44 (b) Rose Helzog
(Date received local register) (Registrar's signature)

22. If death was due to external causes, give in the following:

(a) Accident, suicide, or homicide (specify) Accident 131

(b) Date of occurrence 1-31-44

(c) Where did injury occur? St Joseph Bush, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public H'way
(Specify type of place)

While at work? No (e) Means of injury Automobile

23. Signature H. F. Mundy (M.D. or other) Coroner

Address 404 S 3rd St Date signed 2/1/44

1233

OCT 8 1948

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.....

Robert H. Gable

Licensed Embalmer No.....

3308

P. O. Address.....

St. Joseph, 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.