

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

State File No.

FILED NOV 22 1946

Registration District No. 177

Primary Registration District No. 3016

Registrar's No. 255

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Penit. Hospital
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution 12 yrs. 3 Mo.
(Specify whether years, months or days) 6 da.

In this community 12 yrs. 3 Mo. 6 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. None
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Victor Earl Powell

3. (b) If veteran, name war. Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased December 17, 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>10</u>	<u>25</u>	<u>0</u> hr. <u>0</u> min.

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

10. Usual occupation Cook

11. Industry or business.....

MOTHER FATHER

12. Name Unknown Victor A. Powell

13. Birthplace Unknown Fairfield Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Edna McCollum

15. Birthplace Unknown Swington Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Prison Hosp. Records

(b) Address Jefferson City, Missouri

17. (c) REMOVAL (Burial, cremation, or removal) Date thereof 11-14-46
(Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Bueschers Funeral Home

(b) Address Jefferson City Mo

19. (a) 11-13-46 (Date received local registrar's certificate)

(b) R. P. Davis MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12 year 1946 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from March 1945, 19....., to Nov. 12 1946, 19.....; that I last saw him alive on November 12 1946, 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Bilateral Pulmonary Tuberculosis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

13B

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)

(c) Means of injury.....

23. Signature W. V. McFally (M. D. or other)

Address Jefferson City Mo Date signed 11-12-46

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

5
4

358

68

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-21-66

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

Victor Buescher

Licensed Embalmer No.

3701

P. O. Address

Jefferson City, 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.