

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

1. PLACE OF DEATH:

(a) County Caldwell  
(b) City or town Breckenridge  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 64-5-20 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Blanch 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 married  
6. (b) Name of husband or wife Frank Powers 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased NOV. 1 1877  
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Davis Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

12. Name George Dewey  
13. Birthplace Carroll Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Tipton  
15. Birthplace Caldwell Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Powers  
(b) Address Breckenridge Mo

17. (a) Burial (b) Date thereof April 24-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery  
18. (a) Signature of funeral director T. F. McBeek

(b) Address Breckenridge Mo.

19. (a) April 22-1942 (b) E. A. Thompson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALDWELL  
(c) City or town BRECKENRIDGE  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 21 year 1942 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from March 20 1942 to April 21 1942  
that I last saw her alive on Apr 21 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration 2 days  
Due to fecal obstruction

Due to 1228

Other conditions (Include pregnancy within 3 months of death) William L. Chaffin  
Major findings: Of operations None Of autopsy None  
PHYSICIAN Underline the cause to which death should be charged etiologically.

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) (e) Means of injury.....  
23. Signature William L. Chaffin M.D. Date signed April 21 1942  
Address Breckenridge Mo

**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.....

*T. H. McBeek*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*T. H. McBeek*

Licensed Embalmer No. 1570

P. O. Address Buckenridge, Md

**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.**