

DESD APR 21 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11545

Do not use this space.

1. PLACE OF DEATH

70 (a) County MontgomeryRegistration District No. 695

7 (b) Township

Primary Registration District No. 4853Registered No. 60 (c) City Wellsville Mo

(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John H. Powell 400(a) Residence, No. Wellsville Mo St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFAllie "Adams" Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 2 nd 1854

7. AGE

YEARS
83MONTHS
6DAYS
IIIF LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov 10 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Near Montgomery Mo
Montgomery Co

FATHER

13. NAME John W. Powell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville Va

MOTHER

15. MAIDEN NAME Sarah Britt16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville Va

17. INFORMANT (ADDRESS)

J. W. Powell
Wellsville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery
Montgomery City DATE 3/15/3819. FUNERAL DIRECTOR (NAME) (ADDRESS) C. W. Hopkins
Montgomery City Mo20. FILED Mar 14 1938 Mrs. Mike Mc Dermott
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13/38, 19

22. I HEREBY CERTIFY, That I attended deceased from

1-16-35, 19, to 3-13-38, 19.I last saw him alive on 3-13-38 Death is said to have occurred on the date stated above, at 6:00 pm.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

3-13-38

Other contributory causes of importance:

Prostatic enlargement?

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Richard M. D.(Address) Wellsville 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,
on 13 th day of March 1938 or by

Registered Apprentice No., working under my personal supervision.

Signed.....

E. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery 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, above space should be left blank.