

REC'D MAY 6 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14974
 Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township Jackson Primary Registration District No. 5563a Registered No. _____
 (c) City Mo (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

C. Oliver Powers 620
 (a) Residence, No. Carthage Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mo
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 1860
 7. AGE YEARS 77 MONTHS 1 DAYS 20 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lecturer & College Professor
 9. Industry or business in which work was done, as saw mill, bank, etc. Mo
 10. Date deceased last worked at this occupation (month and year) Mo 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Sam W Powers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER 15. MAIDEN NAME Matilda Hasler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT J. C. Trimmer (ADDRESS) Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Apr 12 1938

19. FUNERAL DIRECTOR Hubert Adams (ADDRESS) Carthage Mo

20. FILED Apr 12 1938 W. M. Howard M. Local Registrar. 370

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9 1938 to April 11 1938, 19

I last saw him alive on April 10 1938, 19. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Chronic Interstitial Nephritis
Arteriosclerosis
Malnutrition

Other contributory causes of importance.

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19

Where 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? _____

If so, specify _____ (Signed) Walter Howard, M. D.

(Address) Carthage Mo

STATEMENT BY LICENSED EMBALMER

I, P. W. Knell, Licensed Embalmer No. 814
hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed P. W. Knell
Licensed Embalmer No. 814

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.)