OCT JAN 9 1939

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

43679
Do not use this space.

1. PLACE OF DEATH
(a) County Linn
(b) Township
(c) City Bucklin
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 458
Primary Registration District No. 4301
Registered No. 13

2. PRINT FULL NAME Charles Alva Powell
(a) Residence, No. ..... 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 M.
4. COLOR OR RACE w.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Rachel Powell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7, 1875
7. AGE YEARS 62 MONTHS 11 DAYS 27 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. Same
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Thomas Powell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va.

MOTHER
15. MAIDEN NAME Jane Mann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Iowa

17. INFORMANT (ADDRESS) Mrs. Nellie P. Powell Bucklin Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cemetery DATE Dec 5, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Larson Funeral Service Bucklin Mo.
20. FILED 12-5, 1938 J. L. Cantwell Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

Osteopath

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4, 1938
22. I HEREBY CERTIFY, That I attended deceased from 1/14, 1936, to 12/4, 1938
I last saw him alive on 12/3, 1938. Death is said to have occurred on the date stated above, at 3:20 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Parotid gland

Date of onset

Other contributory causes of importance: 5 2

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

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? No.
If so, specify .....
(Signed) D. C. Gregor, M.D.O.
(Address) Bucklin, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Licensed Embalmer's Statement on Reverse Side)

## 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 C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucksport, Me

**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.**