REC'D MAR 13 1939

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

7185
Do not use this space.

1. PLACE OF DEATH
(a) County Marion — Registration District No. 547
(b) Township ~~Mason~~ — Primary Registration District No. 3079 — Registered No. 86
(c) or City Hannibal (d) Street No. 103 South Levering 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 6 yrs. 0 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benjamin Arthur Powers
(a) Residence, No. 103 South Levering St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

64 1 5

Subdiv.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Anne Powers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 29, 1880

7. AGE: Years 57 — Months 6 — Days 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as saw mill, bank, etc. Shoe Mfg.
10. Date deceased last worked at this occupation (month and year) Feb. 27, 39
11. Total time (years) spent in this occupation

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

FATHER
13. NAME William D. Powers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Powers
(ADDRESS) 103 South Levering

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grandview DATE 3/7/39

19. FUNERAL DIRECTOR (NAME) Smiths' Funeral
(ADDRESS) 902 Broadway

20. FILED 3/6 1939 H C Fisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1939, to March 4, 1939
I last saw h. alive on March 4, 1939. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2-27-39
Bronchopneumonia Secondary	3-2-39

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) Mary Arnoye-Bulkley, M. D.
(Address) 510 Bdwy Hannibal, 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

Louis Quest, Registered Apprentice No. 150

working under my personal supervision.

Signed Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.