

MAY 11 1939

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

14898
Do not use this space.

1. PLACE OF DEATH GREENE
 (a) County GREENE Registration District No. 316
 (b) Township Primary Registration District No. 2001 Registered No. 333
 (c) City or SPRINGFIELD (d) Street No. St. Johns Hospital St.
 (e) Length of residence in city or town where death occurred 31 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME 403 William Ralph Powell
 (a) Residence, No. 1053 University St. (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Powell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1898
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 40 4 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Owner
 9. Industry or business in which work was done, as saw mill, bank, etc. Auto Supply Co.
 10. Date deceased last worked at this occupation, (month and year) April 21, 1939 11. Total time (years) spent in this occupation 3
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monett Mo.
 FATHER 13. NAME Albert Margin Powell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wehaling west Virginia
 MOTHER 15. MAIDEN NAME Margaret Jane McIntyre
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monmouth Illinois
 17. INFORMANT Mrs. Elsie Powell (ADDRESS) 1053 University St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rosemead DATE April 23 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. C. Thomas Springfield Mo.
 20. FILED Apr 23 1939 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1939
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw _____ alive on _____, 1939. Death is said to have occurred on the date stated above, at _____
 The principal cause of death and related causes of importance were as follows:
 3rd degree burns, face arms back both legs & feet
 Date of onset 1939
 Other contributory causes of importance: started fire with Coal oil Building partially burned.
 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? Accident Date of injury April 21, 1939
 Where did injury occur? Springfield Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Place of business at Cornwell & Callahan St.
 Manner of injury _____ Degree _____
 Nature of injury explosion from starting fire
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. J. Ferguson M. D.
 (Address) Springfield 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.

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.....

Ralph Thiers....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Ralph Thiers*.....

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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.

X