

REC'D MAY 18 1939

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

15315

Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 465
(b) Township Middleton Primary Registration District No. 5620B Registered No. 8
(c) City (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 407 Rebecca Jane Powell 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 Fe 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 Johnson Powell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 1 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana13. NAME John Dawson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Elizabeth Preeder16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT (ADDRESS) Oregina Watterman Waverly Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Cem DATE Apr 11, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Stanley Carrolton Mo20. FILED Apr 11, 1939 Clayton W. Landrum Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 10, 193922. I HEREBY CERTIFY, That I attended deceased from March 16, 1939 to April 10, 1939I last saw her alive on April 10, 1939 Death is saidto have occurred on the date stated above, at 3:15 A.M.

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

BronchopneumoniaDate of onset 3/30/39

Other contributory causes of importance:

Chronic myocarditisAcute bronchitisMar. /39Name of operation none Date ofWhat test confirmed diagnosis? none 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? noIf so, specify Douglas Kelling, M.D.(Signed) Douglas Kelling, M.D., M. D.(Address) Waverly, Missouri

STATE OF TEXAS
HEALTH DEPARTMENT
DALLAS, TEXAS

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/4/39

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,

Ben W. Gibson

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed *Ben W. Gibson*

Licensed Embalmer No. 2961

P. O. Address *Carrollton, 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.