

REC'D JUN 19 1939

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

18175
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Capitol Bluff Primary Registration District No. 5131 Registered No. 134
(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. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Alfred Eve Powell
(a) Residence, No. 2 N.E. Hendrickson Mo. (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Ella Powell
(OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6-1861
7. AGE YEARS 77 MONTHS 10 DAYS 20 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Farmer
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) 1935 11. Total time (years) spent in this occupation 24 yrs

12. BIRTHPLACE (CITY OR TOWN) Fredericktown Mo
(STATE OR COUNTRY)

FATHER 13. NAME Johnathan Powell

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

MOTHER 15. MAIDEN NAME May Ann Castrell

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

17. INFORMANT Mrs Ella Powell
(ADDRESS) Hendrickson Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hantown Em DATE May 27 1939

19. FUNERAL DIRECTOR (NAME) N.T. Phillips
(ADDRESS) Poplar Bluff Mo

20. FILED 5/27 1939 Obertinger
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-22, 1939, to 5-26, 1939

I last saw him alive on 5-22 50, 1939 Death is said to have occurred on the date stated above, at 10 a.m.

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

Chronic Myocarditis
Chronic Nephritis
Cerebral hemorrhage
Chronic Prostatitis

Date of onset

Other contributory causes of importance:

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) J. S. Cooney M. D.
(Address) Poplar Bluff 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 _____
Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.