

REC'D JUL 14 1938

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

22657

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Mason Primary Registration District No. 3029 Registered No. 189
 (c) City Hannibal (d) Street No. Levering Hospital 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.

2. PRINT FULL NAME Alva William Powell

(a) Residence, No. 3118 St. Charles Street St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Leta Leota Powell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 12, 1892
 7. AGE YEARS 46 MONTHS 8 DAYS 5 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Yardmaster
 9. Industry or business in which work was done, as saw mill, bank, etc. C.B. & Q.
 10. Date deceased last worked at this occupation (month and year) 8/17/1939 11. Total time (years) spent in this occupation

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

13. NAME Thomas Powell

14. BIRTHPLACE (CITY OR TOWN) Balis (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Laura E. Thomas

16. BIRTHPLACE (CITY OR TOWN) Pleasant Hill (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Powell (ADDRESS) 3118 St. Charles

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE 8/20/39

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

20. FILED June 20 1939 W.C. Fisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17/1939¹⁹

22. I HEREBY CERTIFY, That I attended deceased from June 17 1939 to June 17 1939
 last saw him alive on June 17 4:00 P.M. Death is said to have occurred on the date stated above, at 4:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
hypertension
 Date of onset 6-17-39
 at least 5 years

Name of operation Tons Date of
 What test confirmed diagnosis? Cl. Lab. 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) , M. D.
 (Address) Hannibal - Mo
488

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.

Social Security 7070-07-6423

Dr. Sauter

928

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.....

J.J. Marsh L.E. 3932

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Crawford Smith

Licensed Embalmer No..... **3814**.....

P. O. Address **Hannibal Missouri**.....

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.