

Registration District No. **533**

Primary Registration District No. **5713**

Registrar's No. **100**

1. PLACE OF DEATH:  
(a) County Macon **3**  
(b) City or town Budson Township  
(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
In this community all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Martha Ann Powers  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color of race W  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife John Powers, Deed  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 15 1860  
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 14  
If less than one day ✓ hr. ✓ min.

9. Birthplace Macon Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Homemaker

11. Industry or business none

MOTHER FATHER  
12. Name Joseph Peterson  
13. Birthplace Macon Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Frances Peterson  
15. Birthplace Macon Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Emmett C. Powers  
(b) Address Rhye, Missouri

17. (a) Union Cemetery (b) Date thereof 12-1-39  
(Burial, cremation or other) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery  
18. (a) Signature of funeral director Stebbins & Co. adding  
(b) Address Macon Mo.

19. (a) 12/6/39 (b) Sector Heineman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Macon  
(c) City or town Buena  
(If outside city or town limits, write "RURAL")  
(d) Street No. 228 Buena St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29  
year 1939 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 1 1932 to Nov. 29 1939  
and that I last saw her alive on Nov. 28 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden Death  
Duration \_\_\_\_\_

Due to Chronic myocarditis  
arteriosclerosis  
Due to sinusitis

Other conditions nephritis (chronic)  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 21  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Dr. E. L. Woodhead (Physician)  
Address Buena Mo. Date signed 11/30/39

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.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2139

Date Filed DEC 9 1939

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

Not Embalmed

Signed O. H. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.