

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 12 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40605

State File No. _____

Registration District No. 358

Primary Registration District No. 4440

Registrar's No. 21

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Renick
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Charles Powell HO
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Powell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 7 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country) Mo D

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Oliver Powell
13. Birthplace _____ (City, town, or county) _____ (State or foreign country) Va
14. Maiden name Permitta A Brooks
15. Birthplace _____ (City, town, or county) _____ (State or foreign country) Va

16. (a) Informant's own signature Mrs. Annie Powell
(b) Address Renick, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11 1939
(Month) (Day) (Year)
(c) Place: burial or cremation Mobile Mo

18. (a) Signature of funeral director Malcolm Anderson
(b) Address Mobile Mo

19. (a) Nov 16 (Date received local registrar) (b) G. T. Hubbs (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Renick
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1939 hour 10 minute 30 P M.
21. I hereby certify that I attended the deceased from Nov 9 1939 to Nov 9 1939;
that I last saw him alive on Nov 8 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____
Due to Hardening of the Arteries 9 days
Other conditions (Include pregnancy within 3 months of death) HTN
Major findings: Of operations _____
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(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? no (Specify type of place) (e) Means of injury _____

23. Signature M. H. Meser (M. D. or other) _____
Address Mobile Mo Date signed 11-11-39

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 11-28-37

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

Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly

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.