

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

Registration District No. 735

Primary Registration District No. 5871

Registrar's No. 221

**1. PLACE OF DEATH:**  
 (a) County Randolph  
 (b) City or town Rural Union Township  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2  
 (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 Loyda Fay Powell  
 8. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 names war \_\_\_\_\_  
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced ✓  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov. 25<sup>th</sup> 1939  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) Mo 0

10. Usual occupation \_\_\_\_\_ 0

11. Industry or business \_\_\_\_\_ 0

MOTHER FATHER { 12. Name Lloyd J Powell  
 18. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) Mo.

MOTHER FATHER { 14. Maiden name Madys Gobbins  
 15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) Mo

16. (a) Informant's own signature Lloyd J Powell

(b) Address R.F.D. Moberly, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof Nov 29 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salery

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly, Mo.

19. (a) Nov 29 1939 (b) Seale Williams  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Randolph  
 (c) City or town Rural - Union Twp.  
 (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 28<sup>th</sup>  
 year 1939 hour 8 minute am.  
 21. I hereby certify that I attended the deceased from Nov 29 1939  
 \_\_\_\_\_, 19\_\_\_\_, to Nov 28 1939  
 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 MI or coronary thrombosis  
Bluel

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_ 159 C

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 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 M. H. Kinsley (M. D. or other) 1  
 Address Moberly, Mo. Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 10

District File Number 12-39-2204

Date Filed DEC 12 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 <sup>not</sup> me, or by.....

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

working under my personal supervision.

Signed.....

*Frank S. D. Hill*

Licensed Embalmer No. 3021

P. O. Address.....

*Moberly, 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.