

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

40618
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 744
 (b) Township _____ Primary Registration District No. 3035
 (c) City Richmond mo (d) Street No. _____ 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

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Lee Powell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-14-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 11 - _____
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. merchant
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amstetack Canada

FATHER 13. NAME George Powell

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

MOTHER 15. MAIDEN NAME Matilda Wardle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Ireland

17. INFORMANT Miss Sarah Powell (ADDRESS) Richmond mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond mo DATE Nov-15-1939

19. FUNERAL DIRECTOR (NAME) E. H. Haysman (ADDRESS) Richmond mo

20. FILED NO 30, 19. 39 Mal Jackson Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-14-1939

22. I HEREBY CERTIFY, That I attended deceased from 11-13-39, 19____, to 11-14-39, 19____
 I last saw him alive on 11-14-39, 19____. Death is said to have occurred on the date stated above, at 3.15 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
arteriosclerosis
chronic myocarditis
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? P. G. 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) H. M. Griffith, M. D.
 (Address) Richmond, 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed: 12/6/39

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 conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.