

JAN 15 1940

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

43074
Do not use this space.

1. PLACE OF DEATH Chariton 3
 (a) County Chariton Registration District No. 173-
 (b) Township Sackrell 1 Primary Registration District No. 5247 Registered No. 51
 (c) City..... (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 Elmer William Powell
 (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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13-1933
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 4 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
 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)..... Mo. (STATE OR COUNTRY) 0
 13. NAME J. B. Powell 0
 14. BIRTHPLACE (CITY OR TOWN)..... Mo. (STATE OR COUNTRY) 0
 15. MAIDEN NAME Gladys Wescott
 16. BIRTHPLACE (CITY OR TOWN)..... Mo. (STATE OR COUNTRY)

17. INFORMANT J. B. Powell (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem. DATE Dec. 15 1939

19. FUNERAL DIRECTOR (NAME) Geo. B. Winkelmayr (ADDRESS) Salisbury Mo.
 20. FILED 12/14 1939 W. C. Smith Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1939, to Dec. 14 1939
 I last saw him deceased 12/14 1939. Death is said to have occurred on the date stated above, at 7:30 P.
 The principal cause of death and related causes of importance were as follows:

Head washed off
 Rt thigh broken
 body crushed
 Date of onset 12/14/39
 Other contributory causes of importance:
Run over by auto truck

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide..... Date of injury 12/14 1939
 Where did injury occur? Highway near his home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Run over by truck (auto)
 Nature of injury 22

24. Was disease or injury in any way related to occupation of deceased? N.D.
 If so, specify.....
 (Signed) W. C. Smith M. D.
 163 (Address) Salisbury Mo.
Coroner Chariton Co

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.

STATE OF TEXAS
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/21/48

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

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