

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43549

Registration District No. 391

Primary Registration District No. 4230

Registrar's No. 81

1. PLACE OF DEATH:
(a) County Iron County
(b) City or town Frankton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hrs
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francis
(c) City or town Iron Mountain
(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.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 6th
year 1939 hour 3 minute _____ a. m.
21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May (Month) 26 (Day) 1929 (Year)

Immediate cause of death: Fracture Base of Skull Duration 6 hrs
Due to Injury
Due to _____

8. AGE: Years 10 Months 6 Days 10 If less than one day _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Iron Mountain MO
(City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business Child
12. Name Mr. Charles Powell
13. Birthplace Crawford County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Thelma Bessie Skipp
15. Birthplace Frankley, Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Dec 5-39
(c) Where did injury occur? Iron Mountain St. Francis MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on highway
While at work? no (Specify type of place) (e) Means of injury Hit by car

MOTHER FATHER
16. (a) Informant's own signature Ma Bessie Skipp
(b) Address Iron Mountain, Mo.
17. (a) Burial (b) Date thereof Dec 7, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Iron Mountain, County
18. (a) Signature of funeral director Alvin W. Wood
(b) Address Flat Rens, Mo.
19. (a) Dec 26, 1939 (b) R A Rasche
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
28. Signature J. H. Martin (M. D. or other) MD
Address Frankton, MO Date signed Dec 13-39

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.....

Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address Har River, Me

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.