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

1827
Do not use this space.

FILED [illegible]

1. PLACE OF DEATH
(a) County Butler Registration District No. 88
(b) Township Coon Island Primary Registration District No. 6268 Registered No. 2
or
(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 Blanche May Powell
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ephriam Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1900

7. AGE YEARS 39 MONTHS 5 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
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) Poplar Bluff Mo.

FATHER
13. NAME R. E. Emmerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Ill.

MOTHER
15. MAIDEN NAME Martha Erson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Ill.

17. INFORMANT (ADDRESS) Ephriam Powell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coon Island Cem. DATE 1-3- 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Minnie Gish Naylor Mo.

20. FILED 1-2- 1940 E. Lauterfelt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940, to Jan 1, 1940
I last saw her alive on Jan 1, 1940. Death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

puerpeal hemorrhage following child birth

Date of onset

Other contributory causes of importance: retained placenta 144 1/2

Name of operation none Date of
What test confirmed diagnosis? hemorrhage 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) [illegible], M. D.
(Address) Naylor Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X16605

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 R. C. McCord

Licensed Embalmer No. 4079

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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