

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18742**
Registrar's No. _____

Registration District No. 411 Primary Registration District No. 2002

1. PLACE OF DEATH

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 710 Virginia Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 710 Virginia Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1940 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him alive on May 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Heart
Black

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy View

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? _____

375
While at work _____ (Specify type of place) (e) Means of injury Car

23. Signature H. J. Winchester M. D. or other) S
Address Joplin Mo Date signed 5-25-40

3. (a) PRINT FULL NAME Charles W. Powell 400

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Powell 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased February 19 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 3 7 _____ hr. _____ min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroader

11. Industry or business Railroad

12. Name No Record

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Powell

(b) Address 3010 Wall St., Joplin, Mo.

17. (a) Burial (b) Date thereof 5-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OZARK MEM. PK. Cem.

18. (a) Signature of funeral director Burial Home Co

(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 5-28-40 (b) H. J. Winchester
(Date received by registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5799

40-6-146.

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Golden, 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.