

Registration District No. 410

Primary Registration District No. 5568

State File No. _____

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Six miles east of Jasper
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi east of Jasper Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? ✓ years.

3. (a) PRINT FULL NAME Joseph Powell 400

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Myrta Powell 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Apr 11 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Calhoun Co. Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farming 9

11. Industry or business _____
MOTHER FATHER { 12. Name William Powell Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Burkhardt
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Myrta Powell
(b) Address Jasper Mo

17. (a) Burial (b) Date thereof June 18-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jasper Cem

18. (a) Signature of funeral director Chas G. Dieter
(b) Address Jasper Mo

19. (a) June 18, 1940 (b) Clara E. Barnes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1940 hour 5-30 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from at time of
death only, 19____, to _____, 19____;
that I last saw him alive on 6-15 _____, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Bloc.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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? 855
(Specify type of place) _____
While at work? _____ (s) Means of injury _____

23. Signature W H Knott (M. D. or other) MD
Address Jasper, Mo. Date signed 6-12-40

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

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 _____

Phas. J. Teeter _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Phas. J. Teeter _____

Licensed Embalmer No. 2566 _____

P. O. Address Jasper 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.