

FILED AUG 21 1940  
Registration District No. 1099

Primary Registration District No. 5868

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Pemiscot  
(b) City or town Wardell rural  
(c) Name of hospital or institution:  
3 miles W. of Wardell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether) \_\_\_\_\_  
In this community all life  
years, months or days

8. (a) PRINT FULL NAME Bobby Joe Power, Jr.  
3. (b) If veteran, name war X  
3. (c) Social Security No. X

4. Sex Male  
5. Color or race White  
6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 29 1939  
(Month) (Day) (Year)

8. AGE: Years 1 Months 3 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rural Wardell Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Hammon Power  
13. Birthplace Pemiscot Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Henderson  
15. Birthplace Pitts Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. M. Anderson  
(b) Address Wardell, Mo.  
17. (a) Burial (b) Date thereof 7/2/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Corythsville, Mo.  
18. (a) Signature of funeral director W. A. Ferguson  
(b) Address Corythsville, Mo.  
19. (a) Aug 3-40 (b) J. A. Treasly  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pemiscot  
(c) City or town Wardell rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 miles W. of Wardell  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 7 day 1  
year 40 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from 6-26-40 to 7-1-40  
that I last saw him alive on 6-30-40  
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia  
from inflammatory  
disease of bowels of  
Due to unknown etiology  
Duration 1 wk

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

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?  
500  
While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
28. Signature R. A. Bussell (M. D. or D. O.)  
Address Wardell, Mo. Date signed 7-1-40

USE UNFADING BLACK INK—MAKE 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.

Underline the cause to which death should be charged statistically.

8-40-17

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**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.....  
Not Embalmed..... 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.**