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-39  
X23159

Registration District No. **625**

Primary Registration District No. **3031**

Registrar's No. **152**

1. PLACE OF DEATH: **Nodaway**  
 (a) County **Maryville**  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: **540 W. 4th.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital, or institution \_\_\_\_\_  
 In this community **life** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County **Nodaway**  
 (c) City or town **Maryville**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **540 West 4th**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Garman Henry Powers**  
 3. (b) If veteran, name war **World War** 3. (c) Social Security No. **none**

20. DATE OF DEATH: Month **Dec.** day **2**  
 year **1940** hour **1** minute **a.** M.

4. Sex **M** 5. Color **W** 6. (a) Single, widowed, divorced, married  
 6. (b) Name of husband or wife **Goldie Nelson Powers** 6. (c) Age of husband or wife if alive **42** years  
 7. Birth date of deceased **Feb. 14 1891**  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **June 1st** to **Dec 2nd**, 19**40**  
 that I last saw him alive on **Dec 2nd**, 19**40**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Bulbar Paralysis** Duration **8 mo.**

8. AGE: Years **49** Months **9** Days **18** If less than one day  
 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **unknown**  
 Due to **SIW**

9. Birthplace **Nodaway Co. Mo.**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **Barber**

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

11. Industry or business \_\_\_\_\_  
 12. Name **Wm. Powers**  
 13. Birthplace **Iowa**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Phoebe Finders**  
 15. Birthplace **Iowa**  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Goldie Powers**  
 (b) Address **Maryville, Mo.**  
 17. (a) **burial** (b) Date thereof **12-4-1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Mission Cemetery**  
 18. (a) Signature of funeral director **John W. Poigel**  
 (b) Address **Maryville, Mo.**  
 19. (a) **12-4-40** (b) **Mamie E. Clardy**  
 (Date received local registrar) (Registrar's signature)

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?  
**556** (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature **L E Dean** (M. D. or other) **MD**  
 Address **Maryville mo** Date signed **12-4-40**

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

FILED DECEMBER 11 1940

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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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*John W. Price*

Licensed Embalmer No. *3229*

P. O. Address *Maryville Mo.*

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

**If this body is not embalmed, fact should be so stated above.**