

JAN 25 1941
Registration District No. **272**

Primary Registration District No. **5379**

Registrar's No. **92**

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

1. PLACE OF DEATH:
 (a) County Douglas
 (b) City or town Ava Benton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community About
years, months or days)

3. (a) PRINT FULL NAME William M. Powell
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Anna Powell 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 23 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	11	3	hr. _____ min.

9. Birthplace Cole Co Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Stone Mason and Carpenter

11. Industry or business _____
 12. Name Unknown
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lathur M. Admell
 (b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 12-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava
 18. (a) Signature of funeral director Clinkingbeard Funeral Home
Ava, Mo.
 (b) Address _____

19. (a) 1-1 1941 (b) Robert King White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Douglas
 (c) City or town Ava
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 26
 year 1940 hour 3 minute 30 P.A.M.
 21. I hereby certify that I attended the deceased from Dec 10
1940 to Dec 26 1940
 that I last saw him alive on Dec 24 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
 Due to _____
 Due to _____

Other conditions myocardial infarction
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

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?
976 While at work? _____
(Specify type of place) (e) Means of injury.

23. Signature R. M. Norman (M. D. or other) 1
 Address Ava Mo Date signed 1/1/41

Dr. R. M. Norman

RECEIVED

District Health Officer No. 6,

District File Number 141-3067.

Date Filed JAN 3 1941

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 *W. B. Hutchison*

Licensed Embalmer No. 3431

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, fact should be so stated above.