

Registration District No. 547

Primary Registration District No. 3029

State File No. _____
Registrar's No. 345

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1316 Park Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 3 Mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Hannibal
(If outside city or town limits, write "RURAL")

(d) Street No. 1316 Park Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Lou Ethel Powell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 9 1868
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>72</u>	<u>4</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name William R. Garrison

13. Birthplace Linton Mo
(City, town, or county) (State or foreign country)

14. Maiden name Barrett Garrison

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Couch
(b) Address Hannibal Mo

17. (a) removed (b) Date thereof 12-7-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Elbery Cemetery

18. (a) Signature of funeral director Clifton Miller
(b) Address Elbery, Missouri

19. (a) Dec. 9-1940 (b) W. C. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1940 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 2 1940
to Dec 7 1940
that I last saw her alive on Dec 7 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Flu

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
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?
400 While at work? _____ (Specify type of place)
500 (e) Means of injury _____

23. Signature E. Salyer (M. D. or other) _____
Address Hannibal Mo Date signed _____

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 *me*

Dec. 7-1940

Registered Apprentice No.

working under my personal supervision.

Signed

Clifton Miller

Licensed Embalmer No. *3364*

P. O. Address *Elberon, Ind.*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43171

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Hannibal
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lou Etta Powell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH Month Dec day 7
year 1940 hour _____ minute _____ M.

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

Immediate cause of death _____

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 72 Months 4 Days 4 If less than one day _____ h. _____ min.

Duration _____
Due to _____
Due to _____

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

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

10. Usual occupation _____

Major findings: Of operations _____ Of autopsy _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace (City, town, or county) Unknown (State or foreign country) _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) June 17, 41 (b) E. M. - Rusch (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? _____

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

23. Signature C. E. Salazar (M. D. or other) _____
Address Harrisonville Date mo

SUPPLEMENTARY

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

MOTHER FATHER

S-43171