

17-29
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43369

Registration District No. 632

Primary Registration District No. 15834

Registrar's No. 45

5

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

1. PLACE OF DEATH:

(a) County. Oregon

(b) City or town. Thayer - Rural
(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 35 years.
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Oregon

(c) City or town. Thayer - Rural
(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.

3. (a) PRINT FULL NAME James Barnett Powell

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

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

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

7. Birth date of deceased Oct 6 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name J. R. Powell 9

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

14. Maiden name Unknown

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

16. (a) Informant Geo. Powell

(b) Address Thayer - Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton 12-16-40

18. (a) Signature of funeral director Leo Carr

(b) Address Thayer Mo

19. (a) 1-1-1941 (b) Lola G. Johnson
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1940 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept 20
1939 to Dec 14, 1940
that I last saw him alive on Dec 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to General Atherosclerosis

Due to _____

Other conditions 9/2
(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? 563
(Specify type of place)

While at work _____ (a) Means of injury _____

23. Signature W. Cooper (M. D. or other) _____
Address Thayer Date signed 12-28-40

(Licensed Embalmer's Statement on Reverse Side) Cooper

RECEIVED

District Health Officer No. 5,

District File Number 14174

Date Filed

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.....

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, fact should be so stated above.