3. No. 2
—1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1941

Registration District No. 7040

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6276

State File No. 7559

Registrar's No. 3

300

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

1. PLACE OF DEATH:

(a) County Maries

(b) ~~City or town~~ Rural Miller

(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 Missouri (b) County Maries 63

(c) City or town Rural 0

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

(d) Street No. 0

(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Rosa Isabelle 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 Married

6. (b) Name of husband or wife Wm Powell

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

7. Birth date of deceased 5 (Month) 23 (Day) 1876 (Year)

8. AGE: Years 64 Months 8 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Pulaski County (City, town, or county) O Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER

12. Name Jessie R Cain

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

MOTHER

14. Maiden name Addie Cain

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

16. (a) Informant Wm E Powell

(b) Address Dixon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Fox Crossing Cemetery

18. (a) Signature of funeral director Fred N Gilbert

(b) Address Dixon Mo.

19. (a) 2-8-1941 (Date received local registrar) (b) Curt Winkelman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 1 year 1941 hour ..... minute 2 P. M.

21. I hereby certify that I attended the deceased from 1-10- 1941 to 2-1- 1941 that I last saw her alive on 1-31- 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Due to Influenza	
Due to acute rheumatic fever	
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? .....

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

23. Signature C. Miller M.D. (M. D. or other) O

Address Dixon, Mo. Date signed 2-6-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

2-1-1941, Registered Apprentice No.....

working under my personal supervision.

Signed. Fred O Gellers

Licensed Embalmer No. 2341

P. O. Address Dixon Mo.

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

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