

FILED APR 21 1941

Registration District No. 498

Primary Registration District No. 4007

Registrar's No. 4

58
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: LINN
 (a) County LINN
 (b) City or town Bucklin
 (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 1 (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME MARYLN LAYON POWELL
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7.M.1 5. Color or race white 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 24 1940
 (Month) (Day) (Year)

8. AGE: Years 0 Months 3 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Marion E. Powell
 13. Birthplace Bucklin Mo. h
 (City, town, or county) (State or foreign country)
 14. Maiden name Katherine Malloy
 15. Birthplace Bucklin Mo. h
 (City, town, or county) (State or foreign country)

16. (a) Informant Marion E Powell
 (b) Address Bucklin, Mo.

17. (a) Burial (b) Date thereof Apr. 1, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon Cemetery

18. (a) Signature of funeral director J. L. Cantwell
 (b) Address Bucklin, Mo.

19. (a) 4-1-1941 (b) J. L. Cantwell
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 58
 (a) State Mo (b) County Linn
 (c) City or town Bucklin
 (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 Mar day 31
 year 1941 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 21-1941
 _____, 19____, to Mar 31-1941
 that I last saw her alive on Mar 30, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Bronchopneumonia

Due to Following Flu

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

Major findings: _____
 Of operations 0

Of autopsy 0

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? _____

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

23. Signature J. L. Cantwell (M. D. or other) D
 Address Bucklin, Mo Date signed 3-31-41

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.