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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18379

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 143

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Levering Hospital
(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 Marion 64

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

(d) Street No. 1900 Harrison Hill
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jennie Bell 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 John T. Powell 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased September 23, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	7	9	..... hr. ..... min.

9. Birthplace Shelby County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation XX

11. Industry or business XX

FATHER
12. Name John W. Williamson
13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Ball
15. Birthplace Virginia /
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lulu Givan
(b) Address 1900 Harrison Hill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/41
(Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Missouri

18. (a) Signature of funeral director Wm. M. Smith
(b) Address 902 Broadway Hannibal

19. (a) 5/5/41 (Date received local registrar) (b) H. C. Fisher (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1941 hour 11 minute 32 P. M.

21. I hereby certify that I attended the deceased from April 19 - 1941, to 5/2 1941;
that I last saw her alive on 5/2 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach - Symptoms 1st noticed April 12th 1941 — Duration

Due to .....

Due to .....

46 b

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

Major findings: Of operations Adeno Carcinoma Distal 3rd Stomach - Chr Disease Gall Bladder
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? 4 (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. E. Sultzman (M. D. or other) M.D.
Address Hannibal Mo. Date signed 5/3/41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed James A Moles

Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

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

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