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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1941

MISSOURI STATE BOARD OF HEALTH

FILED JUL 31 1941

STANDARD CERTIFICATE OF DEATH

24507

State File No.

Registration District No. 12 Primary Registration District No. 5114 Registrar's No. 8

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

1. PLACE OF DEATH
(a) County: Boone
(b) City or town: Perche Twp
(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 1 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Harrisburg Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: None
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Willis Buford Powell,
3. (b) If veteran, name war:
3. (c) Social Security No. 490-09-5545
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married,
6. (b) Name of husband or wife: Mildred Powell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: March 23rd 1996 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
45	4	5	hr. min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Barber,
11. Industry or business:

MOTHER FATHER
12. Name: Prince William Powell,
13. Birthplace: Missouri, (City, town, or county) 0 (State or foreign country)
14. Maiden name: Lucy Lewis,
15. Birthplace: Missouri, (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Mildred Powell.
(b) Address: Harrisburg, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30th 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Harrisburg, Mo.
18. (a) Signature of funeral director: Guy T. Halley.
(b) Address: Fayette, Mo.
19. (a) July 30 41 (Date received local registrar) (b) Mrs N Gullett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1941 hour 9-10 minute 8 M.
21. I hereby certify that I attended the deceased from Jan 20, 1941, to July 28, 1941, that I last saw h alive on 7-28-1941, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cystitis. Bladder dont know cause	4 months
Due to: Acute nephritis dont know cause	4 months
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: operated on at Barnes Hosp. dont know findings
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: H. Gullett (M. D. or other) D
Address: Harrisburg Mo Date signed 6-28-41

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1941

AUG 14 1941

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 Guy T. Harding

Licensed Embalmer No. 2966

P. O. Address Fayette Ohio

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.