

No. 2
-13-40
17-39
X23135

Registration District No. 368

Primary Registration District No. 55164

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Rural - Lincoln Township
(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 1 day _____
years, months or days

3. (a) PRINT FULL NAME Frank Powell

3. (b) If veteran, name war No

3. (c) Social Security No. 509-09-5408

4. Sex Male 5. Color or race negro

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 Unknown
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>about 38</u>			hr. min.

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

10. Usual occupation Common laborer

11. Industry or business On rock quarry

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Jack Eisen

(b) Address Oregon, mo.

17. (a) Burial (b) Date thereof 8-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. - Craig, mo.

18. (a) Signature of funeral director Wilbur L. Schaefer

(b) Address Craig, mo.

19. (a) 8-23-41 (b) Susie B Swan.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Nemaha ⁹⁹⁹ ₂₅

(c) City or town Auburn
(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.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
year 1941 hour _____ minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Accidental
Fell out of a truck

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

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) Accident of 4

(b) Date of occurrence Aug 20 - 1941

(c) Where did injury occur? Public road
(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? Fell out of a truck
(Specify type of place) (Means of injury)

23. Signature J. C. Mayan (M.D. or other)

Address Craig, Mo Date signed 8/24/41

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.....

Wilber L. Schooker

Licensed Embalmer No. *3997*

P. O. Address *Craig, Mo.*

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.