

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

FILED SEP 3 1941

Registration District No. **891**

Primary Registration District No. **4540**

Registrar's No. **201**

**1. PLACE OF DEATH:**

(a) County **Wayne**

(b) City or town **Piedmont**  
(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 **Wayne**

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

(d) Street No.....  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.....

**3. (a) PRINT FULL NAME** **Sally Ann Powers**

3. (b) If veteran.....  
e war.....

3. (c) Social Security No.....

4. Sex **F** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **William Henry Powers** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **APRIL 6 1860**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>81</b>	<b>3</b>	<b>25</b>	hr. min.

9. Birthplace **Centerville Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business.....

12. Name **Andrew Jackson Parks**

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

14. Maiden name **Fumera R. Field**

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

16. (a) Informant **Personal**

(b) Address.....

17. (a) **BURIAL** (b) Date thereof **July 3 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MASONIC Cem**

18. (a) Signature of funeral director.....  
(b) Address.....

19. (a) **8-29-1941** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **AUG** day **1**  
year **1941** hour **12:10 PM** minute..... M.

21. I hereby certify that I attended the deceased from **July 1** 19**41** to **Aug 1** 19**41**  
that I last saw him alive on **8-1-1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Duration.....

Due to.....

Due to.....

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 **[Signature]** (M. D. or other).....  
Address **Piedmont Mo.** Date signed **8-26-41**

**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 Me

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

working under my personal supervision.

Signed

Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont Va

**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.**