

Bureau of the Census
FILED OCT 11 1941MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31260

Registration District No. 125

Primary Registration District No. 9009

Registrar's No. 27

1. PLACE OF DEATH:

(a) County. CAPE GIRARDEAU
 (b) City or town. CAPE GIRARDEAU
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
SOUTH-EAST-MO-HOSPITAL D
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community. 13 days (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME THURMAN C. POWELL

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex. MD 5. Color or race. W 6. (a) Single, widowed, married/
divorced. MARRIED6. (b) Name of husband or wife. ADDIE GOZA-POWELL 6. (c) Age of husband or wife if
alive. 52 years7. Birth date of deceased. APRIL 17 1890
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
51 5 7 hr. _____ min.9. Birthplace. CAPE-GIRARDEAU MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation. FARMER

11. Industry or business. _____

12. Name. PETER-POWELL13. Birthplace. KENTUCKY
(City, town, or county) (State or foreign country)14. Maiden name. MARY-JANE CLIPPAID15. Birthplace. OKARIDGE MISSOURI
(City, town, or county) (State or foreign country)16. (a) Informant's own signature. Addie Powell(b) Address. OKARIDGE MO.17. (a) Rural (b) Date thereof. 9 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation. OKARIDGE MO.18. (a) Signature of funeral director. Walter Seabaugh(b) Address. JACKSON MO.19. (a) 9/29/41 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. CAPE GIRARDEAU
 (c) City or town. RURAL il
 (If outside city or town limits, write "RURAL")
 (d) Street No. NEAR OKARIDGE 7770
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23
year 41 hour 10 minute 00 P. M.21. I hereby certify that I attended the deceased from 12
14, 1938, to 9-23, 1941;
that I last saw him alive on 9-23, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Uremic IntoxicationDue to. ①-Retention urephosDue to. ②-Chronic MyocarditisOther conditions. Hypertension
(Include pregnancy within 3 months of death) Auricular Fibrillation

Major findings: _____

Of operations _____

Of autopsy. 12/10

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. Alfred M. Estes (M. D. or other) MDAddress. JACKSON MO. Date signed 9-25-41

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jacksonville

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

If this body is not embalmed, above space should be left blank.