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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32735

Registration District No. 824 Primary Registration District No. 6076 Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Eminence Mo

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

(c) Name of hospital or institution: 1

(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 Mo (b) County Shannon 181

(c) City or town Eminence Mo 0

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

(d) Street No. 0

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mark Alonzo Powell

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M

5. Color or race A

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Powell

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Mar (Month) 4 (Day) 1855 (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	6	17	hr. min.

9. Birthplace 1 (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Robert Powell
13. Birthplace Tenn 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Ann Rhodes
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant F F Powell

(b) Address Eminence Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation Eminence Mo

18. (a) Signature of funeral director T R Burns

(b) Address Willow Spgs Mo

19. (a) 9-22-41 (Date received local registrar) (b) Frank Hyde MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to Sept 21, 1941, that I last saw him alive on Sept 20, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Pustular Eczema	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

153.2

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank Hyde (M. D. or other)

Address Eminence Mo Date signed 10-13-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1041 2024
Date Filed .....

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 Thomas P. Burna, Jr.

Licensed Embalmer No. 4214

P. O. Address Willow Springs

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

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