

FILED APR 2 1942  
Registration District No. 5748

Primary Registration District No. 5741

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

1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town South River Twp.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Rural  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)  
 In this community 2 years

3. (a) PRINT FULL NAME Delbert L. Powell  
 3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married  
 6. (b) Name of husband or wife Pearl Masterson 6. (c) Age of husband or wife if alive 24 years  
 7. Birth date of deceased July 1886  
 (Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Marion County Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

11. Industry or business  
 12. Name Richard C. Powell  
 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Docia Bottom  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Zora Powell  
 (b) Address Palmyra, Mo.  
 17. (a) Burial (b) Date thereof 3/6/42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Palmyra, Mo.

18. (a) Signature of funeral director James Brew  
 (b) Address Palmyra, Mo.  
 19. (a) Mar. 5, 1942 (b) Bob W. Connor  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Marion  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Palmyra Mo. R 719 #2  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No) No  
 If yes, name country 0

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 2  
 year 1942 hour about 11 am minute 0 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 Suicide by 410 shot gun

Due to .....  
 Due to .....  
 Other conditions 164c  
 (include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations .....  
 Of autopsy .....

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Suicide  
 (b) Date of occurrence 3/2/42  
 (c) Where did injury occur? Residence  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Farm  
 While at work? (Specify type of place) 0  
 (City or town) (County) (State)  
 (M. D. or other) 0  
 23. Signature Crawford Smith  
 Address 902 Broadway Hannibal Date signed 3/2/42

**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 Frank Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra, 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.**