

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 175

Primary Registration District No. 5243

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Rural - Salisbury Twp.  
(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 all years, months or days)

3. (a) PRINT FULL NAME Mathaniel Lorenzo 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 Widowed

6. (b) Name of husband or wife Jennie Powell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Apr. 18 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Chariton Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Marsh Powell

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

14. Maiden name Ann Rogers

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

16. (a) Informant Dick Powell  
(b) Address Salisbury, Mo.

17. (a) Burial (b) Date thereof Apr. 4-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director E. B. Winkelmeyer  
(b) Address Salisbury, Mo.

19. (a) Heiler (b) S. P. Schick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton  
(c) City or town: Rural  
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 2  
year 1942 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept 2 1941, to April 2 1942  
that I last saw him alive on April 2 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 8 hrs

Due to Chronic myocarditis ?

Due to Generalized arteriosclerosis ?

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations 93d  
Of autopsy \_\_\_\_\_

Duration  
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 J. L. Harms (M. D. or other) MD  
Address Salisbury, Mo. Date signed Apr 3, 1942

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-11-42

*11207 on ...*

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

*Chas B. Winkelmeier*

Licensed Embalmer No.

*3842*

P. O. Address

*Salisbury, 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.