

FILED JUN 18 1942

Registration District No. 17

Primary Registration District No. 14111

Registrar's No.

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Fairfax
(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 1.8 yrs (Specify whether years, months or days)
In this community 1.8 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Fairfax
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME WILLIAM DAVIS 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 Hattie Powell 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Sept 25 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 5 If less than one day hr min.

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

10. Usual occupation Retired Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Missouri & Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Missouri & Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Earl M. Powell

(b) Address Fairfax, Missouri

17. (a) Burial (b) Date thereof 6/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thyrite cemetery (near Rock Port)

18. (a) Signature of funeral director Schaefer Funeral Home

(b) Address Fairfax, Missouri

19. (a) June 1, 42 (b) W. G. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1942 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from May 29
1942 to May 30 - 1942;
that I last saw him alive on May 30
and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Intrauterine Neoplasm 2 1/2 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 1310

Major findings: Of operations

Of autopsy 910 Autopsy

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 W. G. Phelps (M. D. or other)

Address Fairfax Mo. Date signed 6-1-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1140

(Licensed Embalmer's Statement on Reverse Side)

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.....

Marvin H. Schaefer

Licensed Embalmer No.....

4162

P. O. Address.....

Fairfax, 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.