

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)

In this community 15 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 729 S. Florence
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dr. George M. Powell

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1942 hour 3 minute 30 a.m.

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased: March (Month) 1890 (Day) (Year)

21. I hereby certify that I attended the deceased from June 18 1942 to July 15 1942
that I last saw him alive on July 15 and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 4 Days 13
If less than one day hr. _____ min. _____

Immediate cause of death: Pulmonary Tuberculosis
Tuberculous Enteritis

Due to: Pulmonary Tuberculosis

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

10. Usual occupation Physician

Due to: _____

Other conditions 1781
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name David J. Powell

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

14. Maiden name Anna Cowan

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

Major findings: Tuberculous Enteritis
Of operations of Glaucoma

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ruth Powell

(b) Address Springfield, Mo.

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

(c) Place: burial or cremation St. James, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) July 17, 1942 (Date received local registrar) by R. N. Standley (Registrar's signature)

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 Edmond W. Johnson (M. D. or other) _____

Address Nallant, Mo. Date signed 7/16/42

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

9
2
6

JUN 8 1945

NOV 7 1945

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 *L. D. Gorman*.....

Licensed Embalmer No. *3177*.....

P. O. Address *441 West 12th*.....

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.