

FILED NOV 6 1942

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 248

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Harribal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Leveying Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6hr (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion
(c) City or town Harribal
(If outside city or town limits, write "RURAL")
(d) Street No. 1006 Valley
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carl H. 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 Florence 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased NOV. 23, 1900
(Month) (Day) (Year)

8. AGE: Years 41 Months 10 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Brookfield MO
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe worker

11. Industry or business _____

12. Name John Powell
13. Birthplace ADAMS COUNTY ILL
(City, town, or county) (State or foreign country)
14. Maiden name Alice Howard
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. May Hancock
(b) Address 1006 Valley St. Harribal, Mo
17. (a) Burial (b) Date thereof OCT. 17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana MO
18. (a) Signature of funeral director James O'Connell
(b) Address Harribal, Mo
19. (a) 10/15/42 (b) R. W. Connor
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Oct. day 17
year 1942 hour _____ minute 9:30 P.M.

21. I hereby certify that I attended the deceased from 10-14-1942 to 20-14-1942
that I last saw him live on 10-14 and that death occurred on the date and hour stated above.

Immediate cause of death gunshot wound brain

Due to _____
Due to _____

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no
Coroner's Case

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 10-14-42
(c) Where did injury occur? Marion Co Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on highway

While at work? no (Specify type of place) (e) Means of injury Rushes

23. Signature [Signature] (M. D. or other) [Signature]
Address [Address] (City or town) (County) (State)

MEDICAL CERTIFICATION

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

64
3
4

64
3
1

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: *Michael J. O'Sullivan*

Licensed Embalmer No. *3246*

P. O. Address: *Hannibal, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34292
Registrar's No. 248

Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Carl L. Powell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color of race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased w 23 _____ (Month) (Day) (Year)

8. AGE: Years 41 Months 10 Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) m

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____; that I last saw him alive on _____ 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death gunshot wound brain Duration 8 hr.

Due to _____

Due to _____

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

Major findings: Of operations prob suicide

Of autopsy overseer Carl

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)

(b) 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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

Hannibal, Mo.
October 16th, 1942.

This is to certify that in the case of death of
Carl L. Powell, that I have viewed the body, talked
to members of the family and others with knowledge
of the circumstances of said Carl L. Powell's death
and find that an inquest into his death is unnec-
essary.

C. R. Armstrong
Acting Coroner,
Marion County, Missouri.

1942
S-34292