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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 3783

Registration District No. 360 | Primary Registration District No. 6225 | Registrar's No. 143

**1. PLACE OF DEATH:**

(a) County: Vernon

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

(c) Name of hospital or institution: State Hospital No 3 Nevada Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 year 1 month 4 days (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Mo (b) County: Bates 10

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

(d) Street No.: R # 4
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: William Christopher Powell

3. (b) If veteran, name war: Unknown

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Rosa Ray Powell

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

7. Birth date of deceased: Oct (Month) 6th (Day) 1855 (Year)

8. AGE: Years 87 | Months 2 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace: Saline County (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business

MOTHER FATHER

12. Name: Bookert Powell

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

14. Maiden name: Jane Divens

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

16. (a) Informant: State Hospital No 3

(b) Address: Nevada, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 2 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Hill

18. (a) Signature of funeral director: Carlson

(b) Address: Butler, Mo.

19. (a) Dec. 31, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

1231

(Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 31st year 1942 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from November 15th, 1941, to Dec 31st, 1942 that I last saw him alive on Dec 31st 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Psychosis — Duration

Due to

Due to

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 0

Of autopsy

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)

(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: G. S. Warack (M. D. or other)

Address: Nevada, Mo Date signed: 12/31/42

RECEIVED
District Health Officer No. 7
District File Number 12-42-12
Date Filed 1-18-43

**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 C E Culver

Licensed Embalmer No. 2576

P. O. Address Butler, 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.**