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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5956

State File No.

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: Callaway County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Since Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Fulton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 808 Nichols
(If rural, give location)

(e) If foreign born, how long in U. S. A.? XXX 0 years.

3. (a) PRINT FULL NAME DELBERT WAYNE POWELL

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 4 (Day) 1943 (Year)

8. AGE: Years | Months | Days | If less than one day 4 hr. 20 min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Paul Powell
13. Birthplace Callaway County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Edith Hampton
15. Birthplace Callaway County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Paul Powell
(b) Address Fulton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/43 (Month) (Day) (Year)
(c) Place: burial or cremation Steedman, Mo.

18. (a) Signature of funeral director Leo T. Wallace
(b) Address Fulton, Missouri.

19. (a) Feb 5 1943 (Date received local registrar) (b) Louie Mowrin Kloff (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4 year 1943 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from 2/4, 1943, to 2/4, 1943 that I last saw him alive on 2/4, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Premature (6½ mos. gestation)

Due to (cause unknown)

Due to

Other conditions (Include pregnancy within 3 months of death)

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Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Henry Dust (M. D. or other) M.D.

Address Fulton, Mo. Date signed 2/5/43

(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. NOT EMBALMED

Signed ..... Robert E. White

Licensed Embalmer No. 4168

P. O. Address Pattonsburg, 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.