

FILED APR 8 1943
Registration District No. **200**

Primary Registration District No. **5726**

61
6
0

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

1. PLACE OF DEATH:

(a) County **Macon**

(b) City or town **Rural Middlefork**
(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 _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Macon**

(c) City or town **Rural**
(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 _____

3. (a) PRINT FULL NAME **Eleanor Powell**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **W**

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

6. (b) Name of husband or wife **Robert H. Powell**

6. (c) Age of husband or wife if alive **85** years

7. Birth date of deceased **March 5 1860**
(Month) (Day) (Year)

8. AGE: Years **83** Months **0** Days **19**
If less than one day _____ hr. _____ min.

9. Birthplace **Macon Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Crossing**

13. Birthplace **Scotland** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Marquetry Dillon**

15. Birthplace **Ireland** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Agnes Danner**

(b) Address **Macon Mo., Rt. 1**

17. (a) **Burial** (b) Date thereof **3-26-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethlehem Cyn.**

18. (a) Signature of funeral director **Stephens Spading**

(b) Address **Macon Mo.**

19. (a) **4/3/43** (b) **Jora B. Junkler**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **March** day **24**
year **1943** hour **11** minute **55 P.M.**

21. I hereby certify that I attended the deceased from _____, 19**39**, to **Mar. 17**, 19**43**;
that I last saw her alive on **Mar 17**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to **arteriosclerosis (generalized)**

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration **sudden**

15 yrs #

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 **J. F. Turner** (M. D. or other) _____

Address **Macon, Mo.** Date signed **4-3-43**

1051

RECEIVED

District Health Officer No. 10

District File Number 4-43-641

Date Filed APR 7 1943

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. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.