

S. No. 2
4-1-44
6-17-44
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13853

State File No. _____

FILED MAY 5 1943

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 116

1. PLACE OF DEATH: Butler

(a) County Butler

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

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

(d) Length of stay: In hospital or institution 16 hrs
(Specify whether)

In this community...
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard

(c) City or town Dudley
(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 Hershel Eugene Powell Jr.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10, year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 9, 1943 to April 10, 1943; that I last saw him alive on April 9, 1943 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased Oct 28 1941
(Month) (Day) (Year)

Immediate cause of death Paralysis, type + cause undetermined

Duration 2 days

8. AGE: Years 1 Months 5 Days 13 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Dudley Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Signer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

11. Industry or business House

12. Name Hershel Eugene Powell Jr.

13. Birthplace Dudley Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Miss Josie

15. Birthplace Wrensboro Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hershel Eugene Powell

(b) Address Dudley

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4.10.43
(Month) (Day) (Year)

(c) Place: burial or cremation Dudley Cems.

18. (a) Signature of funeral director Marshall Shain

(b) Address Fisk 720

19. (a) 4/10/43 (Date received local registrar) (b) Belle Keene (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 J. W. Bond, M.D. (M. D. or other) _____

Address Poplar Bluff, Mo. Date signed 4-10-43

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 548-582

Date Filed 5-4-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.