V. S. No. 2
50M—5-42
Rev. 5-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18001

State File No.

Registration District No. 740

Primary Registration District No. 3024-5 49

Registrar's No. 32

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

1. PLACE OF DEATH:
(a) County Howard,
(b) City or town Fayette "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Richmond Inn
(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 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Howard,
(c) City or town Fayette Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph 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 Married
6. (b) Name of husband or wife Anna Powell,
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased August 10th 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer,
11. Industry or business
FATHER
12. Name Price Powell.
13. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Sarah Blakemore,
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs Anna Powell,
(b) Address Fayette, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17th 1943 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetary
18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.
19. (a) 5-19-1943 (Date received local registrar) (b) Ernest W. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from May 13, 1943, to May 15, 1943, that I last saw him alive on 5-13, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	2 days
Due to Chronic Myocarditis	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work (e) Means of injury

23. Signature W. S. Bloom (M. D. or other) M.D.
Address Fayette Date signed 5-19-43

1321

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 1963

JUN 7 1963

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 Guy T Halley

Licensed Embalmer No. 2961

P. O. Address Fayette 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.