

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Bethany  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Reid  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether \_\_\_\_\_)  
In this community 50 yr  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison  
(c) City or town Eagleville (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Colfax Sup  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME George Abel Powell

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Ida Winifred 6. (c) Age of husband or wife if alive dec years  
7. Birth date of deceased October 14, 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 0 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace JoDaviess County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farming

12. Name Green Berry Powell

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

14. Maiden name Eliza Saucer

15. Birthplace do not know  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Powell

(b) Address Eagleville

17. (a) Burial (b) Date thereof 11-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eagleville Masonic

18. (a) Signature of funeral director M. Haas

(b) Address Bethany, Mo.

19. (a) 11-5-43 (b) Zela M. Burris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3  
year 1943 hour 6:20 minute P.M.

21. I hereby certify that I attended the deceased from Oct-23 1943 to Nov-3 1943  
that I last saw him alive on Nov. 2 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia - 4 days  
Due to Cerebral Hemorrhage, 11 days

Due to Cardio-Vascular-Renal disease - unknown

Other conditions: Prostatic Hyperplasia -  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations: 13/12  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury fall

23. Signature Lee M. Cartney (M.D. or other) P.O.  
Address Eagleville - Mo Date signed 11-5-43

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

MOTHER FATHER

**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..... *W. Laas* .....

Licensed Embalmer No. *3899* .....

P. O. Address..... *Bethany, 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.**