S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38[illegible]

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 641

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 0
(d) Street No. R.F.D. # 2 (If rural, give location) 4
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Tommy Roy Powell

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex M
5. Color or race W 0
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 13, 1943 (Month) (Day) (Year)

8. AGE: Years 0 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation none
11. Industry or business

FATHER
12. Name William F. Powell
13. Birthplace Mewin, Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Virginia Maxine Sloan
15. Birthplace Ottumwa (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant William F. Powell
(b) Address R. 2, Joplin, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 11-21-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20 year 1943 hour 11 minute 50 A.M.
21. I hereby certify that I attended the deceased from Nov 18 1943 to Nov 20 1943 that I last saw him alive on Nov 20 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumococcus Meningitis	??
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

81 a

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 A. L. Crawford (M. D. or other)
Address 631 Frisco Bldg. Joplin Mo. Date signed 11-21-43.

1200 (Licensed Embalmer's Statement on Reverse Side)

43-11-941

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.