

FILED NOV 10 1943

Registration District No. 0

Primary Registration District No. 5910

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Steele Pemiscot Twp
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Steele, 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 Anthony Powell

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

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elnora Powell 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased February 5, 1895
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>48</u> | <u>8</u> | <u>24</u> | hr. _____ min. |

9. Birthplace Indianola Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

MOTHER FATHER { 12. Name John Powell
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Elnora Powell

(b) Address Steele, Missouri

17. (a) Burial (b) Date thereof Nov 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masadonia Cemetery

18. (a) Signature of funeral director German Undt. Co.

(b) Address Steele, Missouri

19. (a) 11-7-1943 (b) Jessie W. Marney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29
year 1943 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arrived a sum of about 1/2 after life was gone & out of my knowledge & history of case. I think he died with acute heart attack Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 5 months of death) _____

Major findings: 2000
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? _____

While at work? _____ (Specify type of place) (b) Means of injury _____
23. Signature D. P. M. Linn (M. D. or other) _____
Address 744 1/2 N. 1st Mo Date signed 11-6-43

10-43-305

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH

NOV 17 1949

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 John A German
Licensed Embalmer No. 14355
P. O. Address, Steele, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 707
Registrar's No. 81

Registration District No. 270 Primary Registration District No. 5910

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Steels rural Pemiscot
(If outside city or town limits, write "RURAL" and name of township) Swp
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME Anthony Powell
3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex m 5. Color or race e 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 5 1948
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 18 (less than one day) min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) Jessie N. Marney (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 29 year 43 hour 10 minute M
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ and on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

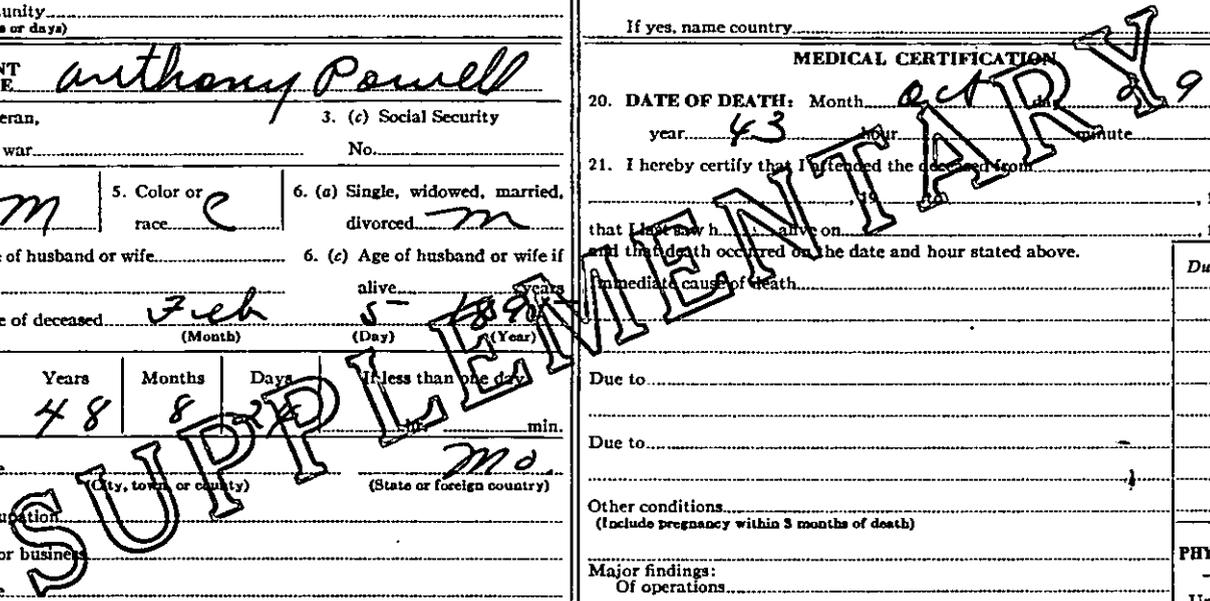
Duration _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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) (c) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

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