S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4176

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 382

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Thirteen years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St Francois 94
(c) City or town Farmington MO 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louise Margret Powell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Cornelia Powell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 16 (Day) 1876 (Year)

8. AGE: Years 67 Months 10 Days 15 If less than one day hr. min.
9. Birthplace St Charles (City, town, or county) MO (State or foreign country) 0
10. Usual occupation Homemaker
11. Industry or business
FATHER
12. Name Joseph Homes
13. Birthplace St Charles (City, town, or county) MO (State or foreign country) 0
MOTHER
14. Maiden name Mary Homes
15. Birthplace St Charles (City, town, or county) MO (State or foreign country) 0
16. (a) Informant Mrs Walgrough
(b) Address Farmington MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3 44 (Month) (Day) (Year)
(c) Place: burial or cremation New Calvert Farmington MO
18. (a) Signature of funeral director C. H. Cozenf
(b) Address Farmington, MO.
19. (a) Jan. 6-1944 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1943 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from Sept 1942 to Dec 31 1943 that I last saw her alive on Dec 31, 1943, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Endocarditis & myocarditis	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

93d

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 0
23. Signature L. M. Stanfield (M. D. or other) DO
Address Farmington MO Date signed 1/3/44

1179

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 244-328

Date Filed 2-5-44

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed C Heogan

Licensed Embalmer No. 4084

P. O. Address Farmington Me

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.