No. 2
1-4-41
-17-39
X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7606

Registration District No. FILED FEB 16 1944

Primary Registration District No. 3036

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora (If outside city or town limits, write "RURAL" and name of township)

(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 3 months years, months or days)

2. USUAL RESIDENCE OF DECEASED: 55

(a) State Mo. (b) County Lawrence

(c) City or town Aurora / (If outside city or town limits, write "RURAL") /

(d) Street No. 117 W. Colledge (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Katherine 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 Married

6. (b) Name of husband or wife Fate Powell

6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased April 9 1870 (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 6 If less than one day hr. min.

9. Birthplace McDonald Co. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name J.R.McMahon
13. Birthplace Alabama (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Starr
15. Birthplace Arkansas (City, town, or county) / (State or foreign country)

16. (a) Informant Fate Powell

(b) Address Pierce City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/44 (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Mo.

18. (a) Signature of funeral director [signature]

(b) Address Pierce City Mo.

19. (a) 1-16-1944 (Date received local registrar) (b) Eunice Greene by [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15 year 1944 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from December 10 1943 to January 14 1944 that I last saw her alive on JANUARY 14 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	Jan 6 1944
Due to Hypertension, Secondary	5 years
Due to Chronic Interstitial Nephritis	not known
Other conditions Coronary thrombosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

131a

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 Kenneth L. Kelsey (M. D. or other) M. D.

Address Aurora Mo Date signed 1/15/44

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
D... Officer No. 3,
District ... 244-194
Date Filed FEB 12 1944

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 Victor J. Kinney Jr.

Licensed Embalmer No. 3822

P. O. Address Pierce City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.