

FILED AUG 10 1944

Registration District No. _____

Primary Registration District No. **5004**

1. PLACE OF DEATH:

(a) County **Adair**

(b) City or town **"Rural" *Nimrod Twp.***
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Chariton River, east of Novinger
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community **Life** **3** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair**

(c) City or town **Kirkville**
(If outside city or town limits, write "RURAL")

(d) Street No. **North Boundary**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT **Edward M. Powell**
FULL NAME

3. (b) If veteran, name war _____

3. (c) Social Security No. **327-18-5257**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Wanda Marcella Powell**

6. (c) Age of husband or wife if alive **21** years **28** **1920**
(Month) (Day) (Year)

7. Birth date of deceased **Feb.**
(Month) (Day) (Year)

8. AGE: Years **24** Months **5** Days **4**
If less than one day _____ hr. _____ min.

9. Birthplace **Kirkville** **0** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck Driver**

11. Industry or business _____

MOTHER FATHER {

12. Name **John Wm. Powell**

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

14. Maiden name **Myliissa Lucinda MITCHELL**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Edward Powell**

(b) Address **Kirkville, Mo.**

17. (a) **Burial** (b) Date thereof **8/4/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Cemetery**

18. (a) Signature of funeral director ***B. E. Riley***

(b) Address **Kirkville, Mo.**

19. (a) **8-4-44** (b) ***Mrs. J. Wagner***
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **2**
year **1944** hour **3:30** minute **P:** M.

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

Immediate cause of death **Broken neck by diving in river hitting a log** Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **1952 199**

Major findings: 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) **Accidental**

(b) Date of occurrence **Aug 2, 1944 001**

(c) Where did injury occur? **Spartan river**
(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 **3**

23. Signature ***W. C. Summer*** (M., D., or other) _____
Address **Kirkville Mo** Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number 2-44-1394

Date Filed AUG 9 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.....

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

Signed J. E. Riley

Licensed Embalmer No. 4181

P. O. Address Frankville 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.