V. S. No. 2
100M—2-43
Rev. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24227

Registration District No. FILED JUL 20 1944

Primary Registration District No. 3007

Registrar's No. 207

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff Route #1 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Brandon Hosp. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Night. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

(c) City or town Poplar Bluff 12 (If outside city or town limits, write "RURAL")

(d) Street No. R.F.D # 6 0 (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Georgia Mae Powers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George W. Powers

6. (c) Age of husband or wife if alive 76 years

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

8. AGE: Years 73 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Paris (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business McCown.

FATHER
12. Name John C. McCown
13. Birthplace Ky. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Judy
15. Birthplace Ky 1 (City, town, or county) (State or foreign country)

16. (a) Informant George W Powers

(b) Address Poplar Bluff Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14-44 (Month) (Day) (Year)

(c) Place: burial or cremation Sparkman

18. (a) Signature of funeral director Frank - Cotrell

(b) Address Poplar Bluff Mo

19. (a) 6-22-44 (Date received local registrar) (b) Belle Finne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1944 hour 3 minute 25 A M.

21. I hereby certify that I attended the deceased from June 11, 1944 to June 12, 1944 that I last saw her alive on June 12, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death acute Myocarditis

Due to Chronic Myocarditis

Due to Hypertension Chronic Gall bladder

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 J Lee Harwell (M. D. or other)

Address Poplar Bluff Mo Date signed 6-17-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 744-925
Date Filed 7-5-44

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.