V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24298

Registration District No. 47 — Primary Registration District No. 3008 — Registrar's No. 222

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

14 1/2

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution Callaway Co. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One week (Specify whether years, months or days)

In this community About twenty five years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Rural 1/2 (If outside city or town limits, write "RURAL")

(d) Street No. 2½ miles south Holt's Summit (If rural, give location)

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

If yes, name country U

3. (a) PRINT FULL NAME Mary Ella Powell

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas J. Powell

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March (Month) 25 (Day) 1885 (Year)

8. AGE: Years 59 Months 3 Days 0 If less than one day ___ hr. ___ min.

9. Birthplace Johnson Co. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name W. D. Howell
13. Birthplace (City, town, or county) Tennesee (State or foreign country)

MOTHER
14. Maiden name Ellen Stephens
15. Birthplace (City, town, or county) Tennesee (State or foreign country)

16. (a) Informant Thomas J. Powell

(b) Address Holt's Summit, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/1944 (Month) (Day) (Year)

(c) Place: burial or cremation Union Hill Cemetry

18. (a) Signature of funeral director Ray A Holt

(b) Address NewBloomfield, Missouri

19. (a) 6-29-44 (Date received local registrar) (b) Josie Morsenkopf (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 25 year 1944 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 6/18, 1944 to 6/25, 1944; that I last saw her alive on 6/25, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of cervix with generalized metastases — Duration: ± 2 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

48a

Major findings: Of operations none

Of autopsy none

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 Henry Durst (M.D. or other) M.D.

Address Fulton, Mo. Date signed 6/29/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-19-44

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, ~~under~~.....

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

working under my personal supervision.

Signed Ray A Holt

Licensed Embalmer No. 2605

P. O. Address New Bloomfield, Missouri

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.