

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25037

FILED AUG 9 1944

State File No. _____

Registration District No. 77

Primary Registration District No. 4267

Registrar's No. 28

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Odessa
(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 1
In this community 60 Yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette 54
(c) City or town Odessa 4
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Joseph. P. Powell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 30
year 1944 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from April
1944 to June 30 1944
that I last saw him alive on July 29 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Powell 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Dec. 6, 1867
(Month) (Day) (Year)

Immediate cause of death Hypertension of right lateral and general arteriosclerosis Duration 2 mo.
Due to _____

8. AGE: Years Months Days If less than one day
76 6 24 hr. min.

Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: none 52
Of operations _____
Of autopsy none

9. Birthplace Odessa, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

22. If death was due to external causes, fill in the following:
(a) "Accident," suicide, or homicide (specify) no
(b) Date of occurrence none
(c) Where did injury occur? 0
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no
While at work? no (Specify type of place) (e) Means of injury 0

11. Industry or business _____
12. Name Thos. J. Powell
13. Birthplace Lafayette Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Dorinda Hatton
15. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J.P. Powell
(b) Address Odessa, Mo.
17. (a) Removal (b) Date thereof July 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lawrence, Kansas
18. (a) Signature of funeral director L. C. Husman
(b) Address Odessa, Mo.
19. (a) Aug-3-1944 (b) Mrs W.F. Baker
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) 0
Address Odessa Mo Date signed 7-6-44

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

54
4
0

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 5,
District #11 Number
Date Filed 8-8-44

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 George T. Husman

Licensed Embalmer No. 2541

P. O. Address Adams Two

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.