

FILED SEP 7 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27879

Registrar's No. 76

Registration District No. 141

Primary Registration District No. 3025

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town West Plains  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Christa Hogan Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon  
(c) City or town Eminence  
(If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Marjorie Sue Powell

20. DATE OF DEATH: Month August day 23  
year 1944 hour 9 minute 40 A M.

3. (b) If veteran. name war..... 3. (c) Social Security No.....

21. I hereby certify that I attended the deceased from August 22, 1944, to August 23, 1944;  
that I last saw h. er. alive on August 23, 1944  
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced 0

Immediate cause of death.....  
General Peritonitis

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

7. Birth date of deceased July 22, 1939  
(Month) (Day) (Year)

Due to Ruptured Appendix  
Due to Appendicitis  
Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
5 1 1 hr. min.

Major findings:  
operations.....  
General Peritonitis  
Caused by ruptured  
Appendix

9. Birthplace Canton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation.....  
(Child)

11. Industry or business.....

12. Name L. A. Powell

13. Birthplace Eminence, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hazel Hawkins

15. Birthplace Monticello Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. A. Powell

(b) Address Eminence, Missouri

17. (a) burial (b) Date thereof 8/25/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eminence, Mo.

18. (a) Signature of funeral director J. C. Burns  
(b) Address Willow Springs, Mo.

19. (a) 8/25-44 (b) J. C. Burns  
(Date received local registrar) (Registrar's signature)

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?  
.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature W. H. ... (M. D. or D.D.S.)  
Address West Plains, Mo. Date signed 8/25/44

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

16  
1  
1

1944

NOV 28 1942

SEP 4 1942

**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.C. Burns*

Licensed Embalmer No. *3379*

P. O. Address..... *Hillow Springs*

**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.**