

V. S. No. 2
50M-5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE

OFFICE OF THE CENSUS

FILED NOV 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33549

State File No.

Registrar's No. 235

Registration District No. 2

Primary Registration District No. 5012

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Rural Empire Mo
(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.
In this community 1 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew 2
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 1 mile southwest Union Star Mo (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME William J. Powell

3. (b) If veteran, name war peace time Soldier 3. (c) Social Security No 491-09-9862

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced, separated 3 divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 11, 1904 (Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Whitesville - O Mo (City, town, or county) (State or foreign country)

10. Usual occupation Police Officer Quaker Oats Co.

11. Industry or business

MOTHER FATHER

12. Name Laurel A. Powell
13. Birthplace Andrew County Mo O (City, town, or county) (State or foreign country)
14. Maiden name Flora E. Meyers
15. Birthplace St. Joseph Mo O (City, town, or county) (State or foreign country)

16. (a) Informant L. A. Powell (b) Address Union Star, Mo.

17. (a) Burial (b) Date thereof Oct. 15, 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star

18. (a) Signature of funeral director Lucile M. Wilson (b) Address King City, Mo.

19. (a) Oct 15th 1944 (b) John Clain (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13th year 1944 hour 6 minute 40 a.m.

21. I hereby certify that I attended the deceased from Jan 1 to Oct 12 1944 that I last saw him live on Oct 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Colon Duration 2 yrs

Due to 462

Other conditions (Include pregnancy within 3 months of death)

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)
(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 E. M. Reynolds (M. D. or other) Address Union Star Date signed 10/17/44

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

1072

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1950

NOV 16 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.....

Lucile M. Wilson

Licensed Embalmer No. *2830*

P. O. Address *King City 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.