S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2967

Registration District No. 245 | Primary Registration District No. 3047 | Registrar's No. 2

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Neosho (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: (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton 73
(c) City or town: Neosho MO, (If outside city or town limits, write "RURAL") 3
(d) Street No. (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Abram Franklin, Powell
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Eva E. Powell
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: Nov (Month) 9 (Day) 1863 (Year)
8. AGE: Years 81 | Months 2 | Days 17 | If less than one day hr. min.
9. Birthplace (City, town, or county): (State or foreign country): Ill
10. Usual occupation: Minister Of Gospel
11. Industry or business:
12. Name (Father): Chas. Powell
13. Birthplace (City, town, or county): Unknown (State or foreign country): Ill
14. Maiden name (Mother): Elsie Hedger
15. Birthplace (City, town, or county): (State or foreign country): Ohio
16. (a) Informant: Eva E. Powell
(b) Address: Neosho MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-29-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazel Green Cemetry
18. (a) Signature of funeral director: Chas. E. Williams
(b) Address: Goodman MO.
19. (a) 1-17-1945 (Date received local registrar) (b) Coley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 26th, year 1944 hour 9 minute 20, P. M.
21. I hereby certify that I attended the deceased from May 1- 1943 to Dec 26 1944 that I last saw him alive on Dec 1 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Valvular Heart Disease — Duration
Due to:
Due to: 92d
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: J. R. Reynolds (M. D. or other) M.D.
Address: Neosho Mo. Date signed 1-16-45

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 29 1945

District Health Officer No.

District File Number 145-2

Date Filed JAN 29 1945

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 Mariellen Williams Prickett

Licensed Embalmer No. 4166

P. O. Address Goodman, 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.