

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 143

Registration District No. 47 Primary Registration District No. 5161

1400
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Rural Cedar
(c) Name of hospital or institution:
4 mi S.W. New Bloomfield Mo.
(d) Length of stay: In hospital or institution No.
In this community Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Rural
(d) Street No. _____
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Ida May Powell
(b) If veteran, No name war
(c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23
year 1944 hour 11 minute 30 A.M.

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John J. Powell
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Dec. 12, 1876

21. I hereby certify that I attended the deceased from Mar 13 1944 to April 23 1945
that I last saw her alive on April 22 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 4 11 hr. min.

Immediate cause of death
Carcinoma of Rectum Duration 2 year

9. Birthplace Callaway Co. Mo.

Due to _____
Due to _____
Other conditions _____

10. Usual occupation Housewife.

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name Rheuben E. Smith

13. Birthplace Maysville Kentucky

14. Maiden name Mary E. Powell

15. Birthplace Callaway County Mo.

16. (a) Informant Grace Jones

17. (a) Burial (b) Date thereof Apr. 25 45

(c) Place: burial or cremation Hopewell

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

(b) Address New Bloomfield Mo.

19. Apr 23 1945 (b) Josie Morandhoff

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? _____
(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. Rusk (M. I. or other) _____
Address New Bloomfield Mo Date signed 4/24 45

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 5-9-45

MAY 10 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 _____

LeRoy Claypool

Registered Apprentice No. 374

working under my personal supervision.

Signed Ray A. Holt

Licensed Embalmer No. 2605

P. O. Address New Bloomfield 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.