V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25180

FILED AUG 10 1945

Registration District No. 322 | Primary Registration District No. 4471 | Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: R.F.D. Gilliam, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No (Specify whether)
In this community: all her life
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Saline
(c) City or town: Gilliam, Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Maggie Ailshire Powell
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: female
5. Color or race: white
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. (Month) 10 (Day) 1856 (Year)

8. AGE: Years 89 | Months 4 | Days 19 | If less than one day: hr. min.

9. Birthplace: (City, town, or county) Mo. (State or ~~foreign country~~)
10. Usual occupation: at home
11. Industry or business:
FATHER
12. Name: John R. Ailshire
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Dyer
15. Birthplace: (City, town, or county) Cal. (State or ~~foreign country~~)
16. (a) Informant: John Powell,
(b) Address: Gilliam, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) '45 (Year)
(c) Place: burial or cremation: Gilliam, Mo.
18. (a) Signature of funeral director: Hill Brothers,
(b) Address: Slater, Mo.
19. (a) Aug 1-1945 (Date received local registrar) (b) Mrs. John Gigin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th year 1945 hour 3 minute a M.
21. I hereby certify that I attended the deceased from June 6, 1945, to June 29, 1945, that I last saw her alive on June 27, 1945, and that death occurred on the date and hour stated above.

	Interval
Immediate cause of death: Acute cystitis	2 weeks
Chronic myocarditis	6 mo.
Chronic nephritis	?
Due to: General Arteriosclerosis	?
Due to:	
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: O. L. McDurney (M.D. or other)
Address: Slater, Mo. Date signed 6/29/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 8-9-42

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 Sam M Hill
Licensed Embalmer No. 1292
P. O. Address Slater 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.