

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 12 1945

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 684

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John's Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Hours  
(Specify whether  
In this community 40 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Harry Powell

3. (b) If veteran, name war No 3. (c) Social Security No. 488-16-4520

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Dec. 20, 1901  
(Month) (Day) (Year)

8. AGE: Years 43 Months 8 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Truck Line Operator

11. Industry or business \_\_\_\_\_

12. Name Wm. S. Powell

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

14. Maiden name Dora Beckerdite

15. Birthplace Polk County Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Powell

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 9/2/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 8-31-45 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29  
0 year 1945 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 29th 3:30 PM  
1945 to 8/29/45 - 8:30 PM 1945  
that I last saw him alive on 8-29 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hematoma (left) Duration 24 hrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Subdural Hematoma

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) Victim of Fall - 8/28/45

(b) Date of occurrence 8/28/45

(c) Where did injury occur Near Powellville McDonald Missouri  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? No (Specify type of place) (e) Means of injury FALL

23. Signature Secord Hagboom (M.D. or \_\_\_\_\_)  
Address Springfield Mo. Date signed 8/30/45

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

MOTHER FATHER

OCT 10 1945

JAN 27 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

*L. Leach Gorman*

Licensed Embalmer No. 3177

P. O. Address Springfield 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.