. S. No. 2
0M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RODEMAN

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1945

State File No. 28160

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 205

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town SEDALIA (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BOTHWELL HOSPITAL 0 (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 Mo (b) County PETTIS 80
(c) City or town SEDALIA 6 (If outside city or town limits, write "RURAL")
(d) Street No. 4 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LLOYD H. POWERS (BABY)
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 8 (Month) 4 (Day) 1945 (Year)

8. AGE: Years	Months	Days	If less than one day
			10 hr. — min.

9. Birthplace SEDALIA (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER 12. Name LLOYD H. POWERS
FATHER 13. Birthplace (City, town, or county) OKLA. 1 (State or foreign country)
MOTHER 14. Maiden name MILDRED A. DUNCAN
MOTHER 15. Birthplace SEDALIA (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant R. B. DUNCAN
(b) Address SEDALIA, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation CROWN HILL
18. (a) Signature of funeral director Geo Dillard
(b) Address Sedalia, mo.
19. (a) 8/6/45 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 5 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from 8-4- 1945 to 8-5- 1945 that I last saw him alive on 8-5- 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congenital heart lesion	
Due to Patent foramen ovale	
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 J. M. Rodeman (M. D. or other) MD
Address Sedalia, Mo Date signed 8-6-45

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 9-12-45

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.....Geo Dillard.....
Licensed Embalmer No.....3868.....
P. O. Address.....Sedalia.....

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.