

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 27

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(c) Name of hospital or institution: A. S. O.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One day
(Specify whether years, months or days)

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

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 15
year 1945 hour 11: minute 05 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XXXX
6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased January 9 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 14
1945 to Oct 15, 1945
that I last saw him alive on Oct 15
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
54 9 6 hr. min.

Immediate cause of death
Cardiac failure
Due to insuqial shock
strangulated inguinal hernia
Due to requiring bowel resection.
Other conditions extreme emaciation
due to faulty diet for yrs.
Major findings gangrened ileum
Of operations requiring resection.
Of autopsy 1220

Duration
12 hrs
36 hrs

9. Birthplace Linneus Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Stockman

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

11. Industry or business
12. Name W. B. Powell
13. Birthplace Linn Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Miriam Moore
15. Birthplace Linn Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Nana Hoeyer
(b) Address Linneus, Missouri
17. (a) Burial (b) Date thereof 10/17/1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

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? _____

18. (a) Signature of funeral director Thorne Undt. Co.
(b) Address Linneus, Mo. (at Taylor)
19. (a) 10-21-45 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury 2 A.O.
23. Signature Ch. Hoeyer (at D. or O.)
Address Kirkville, Mo. Date signed 10/20/45

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

RECEIVED
District Health Officer No. 10
District File Number 11-45-128
Date Filed NOV 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..... *D. W. Riley*

Licensed Embalmer No. *4181*

P. O. Address..... *Kesterville no*

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.