

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41386**

FILED JAN 49 1946
Registration District No. **127**

Primary Registration District No. **4234**

Registrar's No. **33**

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison **62**

(c) City or town Fredericktown **1**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **1**

(e) Citizen of foreign country? no (Yes or No) **A**
If yes, name country _____

3. (a) PRINT FULL NAME Powell (infant)

3. (b) If veteran, name war #

3. (c) Social Security No. #

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2, year 1945 hour 7 minute 20 M.

21. I hereby certify that I attended the deceased from 12/3/45 to 12/4, 1945.

4. Sex male 5. Color or race White

6. (a) Single, widowed, married, divorced # 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 3 1945
(Month) (Day) (Year)

that I last saw h. im alive on _____, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Patent Ductus Arteriosus

8. AGE: Years Months Days If less than one day
0 0 0 9 hr. 10 min.

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 12/4

9. Birthplace Ironton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name William Powell

13. Birthplace Irondale Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Marjorie Parker

15. Birthplace Arcadia Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant William Powell

(b) Address Fredericktown Mo.

17. (a) burial (b) Date thereof 12-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Missouri

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 Norman White & Sons

(b) Address Arcadia Ironton Missouri

19. (a) 12-10-45 (b) Mrs. Ann Jones
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.

Address Ironton, Mo. Date signed 12/8

1558

RECEIVED

District Health Officer No. 4
District File Number 146-1526
Date Filed 1-8-46

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.....

Was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul J. White.....

Licensed Embalmer No. 2012.....

P. O. Address Inton N.Y......

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.