

FILED MAR 12 1946

Registration District No. 160

Primary Registration District No. 2030-5592

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus (Rural)
(c) Name of hospital or institution: /
(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

3. (a) PRINT FULL NAME William Henry Powell

3. (b) If veteran, name war NO
3. (c) Social Security No. 486-12-4355

4. Sex M color W
5. Color or race W
6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased: (Month) 17 (Day) 18 (Year) 1874

8. AGE: Years 72 Months 6 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace MO (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation Labor

11. Industry or business _____

12. Name John Powell

13. Birthplace MO (City, town, or county) _____ (State or foreign country) _____

14. Maiden name Unknown

15. Birthplace MO (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Herbert Powell

(b) Address R 2 Festus, Mo.

17. (a) Burial (b) Date thereof 2 24 46 (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson

18. (a) Signature of funeral director J. J. Payne & Son

(b) Address Leadwood, Mo.

19. (a) Date received local registrar Feb 25 1946 (b) (Registrar's signature) Clara Brown

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jefferson
(c) City or town Festus (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22nd year 1946 hour 8⁰⁰ minute A.M.

21. I hereby certify that I attended the deceased from _____
that was _____
and that death occurred on the date and hour stated above.
Duration _____

Immediate cause of death: Natural Causes, Unknown
Probably Frost Condition

Due to _____

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? _____

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

23. Signature T. B. Edwards (M. D. or other) _____

Address Cedar Hill, Mo. Date signed 2/24/46

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

MOTHER FATHER

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.....

Bert L. Boyer

Licensed Embalmer No.....

3445

P. O. Address.....

Leadwood 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.