

No. 2
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-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15678
Registrar's No. 48

Registration District No. 27 Primary Registration District No. 3003

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

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Butler Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
400 North Fulton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Butler Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 400 N. FULTON
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cora Elizabeth Powell
3. (b) If veteran, name war X 3. (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 19th
year 1946 hour 8 minute 20 P.M.

4. Sex female 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thomas W. Powell
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased June 22 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 20-104 to 29 May 1946
that I last saw her alive on May 19 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 10 27 27 min.

Immediate cause of death Coronary cadaver
Due to Thrombus
Due to _____

9. Birthplace Bates CO. Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation housewife

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name WM R. Jackson
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emma Hood
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Powell
(b) Address Butler Missouri
17. (a) Double Branch Cemetery (b) Date thereof 5/21/46
(City, town, or county) (Month) (Day) (Year)
(c) Place: burial or cremation _____

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 Culver-Underwood
(b) Address Butler Missouri
19. (a) May 20-46 (b) Russell H. Husey
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature L. D. DeWitt (M. D. or other) _____
Address Butler Date signed 5-20-46

JUN 12 1948

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 *John G. Chidley*
Licensed Embalmer No. *3585*
P. O. Address *Butler, 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.