S. No. 2
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P I X37823

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

25475

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26629

Registration District No. FILED SEP 14 1946 Primary Registration District No. 4138 Registrar's No. 71

1. PLACE OF DEATH:

(a) County Clinton

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

(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) 6 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Lathrop (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 Benjaman Franklin Powell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 10 (Day) 1869 (Year)

8. AGE: Years 76 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer.

11. Industry or business Farming.

FATHER
12. Name Jack Powell
13. Birthplace (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Small
15. Birthplace (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Roland Powell

(b) Address Lathrop Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 23-46 (Month) (Day) (Year)

(c) Place: burial or cremation Gilliam Mo.

18. (a) Signature of funeral director DeMoss Crunk

(b) Address Cameron Mo.

19. (a) Aug. 22, 1946 (Date received local registrar) (b) Mrs Willie James (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 20 year 1946 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from July 11th, 1946 to Aug 20, 1946, that I last saw him alive on Aug 20, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage

Due to General Arteriosclerosis and Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

830

Duration

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 Henry W. Perry (M. D. or other) D.O.

Address Lathrop Mo. Date signed 8/21/46

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH O[illegible]
Cameron, Mo.

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 Lee Mass Crunk

Licensed Embalmer No. 2533

P. O. Address Cameron 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.