S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26866

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 665

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

25709

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 436 W. Madison (residence) 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 21
(If outside city or town limits, write "RURAL")

(d) Street No. 436 W. Madison 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME FRANK A. POWELL

3. (b) If veteran, name war UNK. 3. (c) Social Security No. UNK.

4. Sex male ( ) 5. Color or race white 6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Myra B. Powell (wife) 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased April 28, 1865 (Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Argyte, Wisconsin (City, town, or county) 1 (State or foreign country)

10. Usual occupation Harness maker

11. Industry or business

FATHER
12. Name Wm. Powell
13. Birthplace UNK. (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Naomi Arigle Unknown
15. Birthplace UNK. (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Myra B. Powell
(b) Address 436 E. Madison, Spfd., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
(b) Address SPRINGFIELD, MISSOURI

19. (a) 8-13-46 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1946 hour 2:00 A.M. minute M.

21. I hereby certify that I attended the deceased from Nov. 1942 to Aug 11, 1946
that I last saw him alive on Aug 11 1942, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Dilatation of Heart
Duration
Due to Ch. myocarditis
Due to Ch. nephritis
Arterio sclerosis mitis
Hypertension
Benign Hypertrophy prostate
Other conditions gland
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Walter Howell (M. D. or other) M.D.
Address Springfield, Mo. Date signed 8-12-46

(Licensed Embalmer's Statement on Reverse Side)

MAY 3 1954

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.....Frank Graber

Licensed Embalmer No.....4140

P. O. Address.....Springfield, 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.