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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27680

State File No.

Registration District No. 182 Primary Registration District No. 4298 Registrar's No. 25

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Linneus
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 50
(c) City or town Linneus 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country XXXX

3. (a) PRINT FULL NAME Warner W. Powell

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased March (Month) 1 (Day) 1861 (Year)

8. AGE: Years 85 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Linn County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Andrew W. Powell
13. Birthplace XXXXXX (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Susan Heaston
15. Birthplace XXXXXX (City, town, or county) Virginia 1 (State or foreign country)

16. (a) Informant Claude Powell
(b) Address Linneus, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/30/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem. Linneus

18. (a) Signature of funeral director Thorne Undt. Co.
(b) Address Linneus, Mo. (Dd Taylor)

19. (a) 8/29/1946 (Date received local registrar) (b) Mrs. Bridie Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th. year 1946 hour 12:15 minute p. M.

21. I hereby certify that I attended the deceased from 8/3, 1946, to 8/28, 1946 that I last saw him alive on 8/28, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

16 2

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 2

23. Signature D. S. Willis (M.D. or other) XXX DO
Address Linneus, Missouri 8/29/46 Date signed

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
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 Dorr A. Taylor

Licensed Embalmer No. 3761

P. O. Address Linneus, Missouri

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.