

FILED AUG 23 1946

Registration District No. _____

Primary Registration District No. 3043

Registrar's No. 282

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(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 Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 806 Paris
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Norman Porter Powrie

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 Single

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

7. Birth date of deceased January 5, 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation XX

11. Industry or business XX

12. Name John M. Powrie

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

14. Maiden name Marian Moffatt

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

16. (a) Informant Roy Powrie

(b) Address 806 Paris Hannibal Missouri

17. (a) Burial (b) Date thereof 8/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director W. Crawford Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 8-20-46 (b) W. R. M. Tucker
(Date received local Registrar) (Registrar's Signature)

20. DATE OF DEATH: Month August day 17
year 1946 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug 17 to Aug 17, 1946
that I last saw him alive on Aug 17 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 6 hrs

Due to Cardio Vascular renal decar

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 13/2
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 W. R. M. Tucker (M. D. or other) MD
Address Lambert Ave Date signed 8-19-46

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..... *W Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address..... Hannibal 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.