

S. No. 2
9-43
17-39
X37823

FILED DEC 17 1946

Registration District No. 38

Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia

(c) Name of hospital or institution: Boone County Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether In this community 3 Weeks years, months or days)

3. (a) PRINT FULL NAME NETTIE POWELL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Dudley B. Powell

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

7. Birth date of deceased 12 - 10 - 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

90	11	22	hr. _____ min.
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9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name James G. Kelly

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

14. Maiden name Susan Duncan

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

16. (a) Informant D. Ray Powell

(b) Address Columbia Missouri

17. (a) Burial (b) Date thereof 12-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friendship Cemetery

18. (c) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) 12-4-46 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Hallsville
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1946 hour 10 minute 50 AM.

21. I hereby certify that I attended the deceased from Nov. 11, 1946, to Dec. 2, 1946, that I last saw her alive on Nov. 30, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Duration 1 wks.

Due to Fract. rt. hip 3 wks.

Due to _____

Other conditions 186 A
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm. Stewart (M. D. or other) _____

Address Columbia, Mo. Date signed Dec. 3, 46

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-10-46

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 *M. W. Whitwides*

Licensed Embalmer No. *3893*

P. O. Address *Columbia 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.