

FILED DEC 31 1946

State File No. _____

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette
(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 All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45
(c) City or town Fayette /
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) /
(e) Citizen of foreign country? No (Yes or No) D
If yes, name country _____

3. (a) PRINT FULL NAME Wess Powell

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

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

6. (b) Name of husband or wife Emma Eaton 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: February 10, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>10</u>	<u>1</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Steve Powell /
13. Birthplace Virginia /
(City, town, or county) (State or foreign country)

14. Maiden name Amilda Ferguson
15. Birthplace Howard Co. Missouri U
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Emma Powell
(b) Address: Fayette, Missouri

17. (a) Burial (b) Date thereof: 12/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: City Cemetery

18. (a) Signature of funeral director: Ralph A. Carr
(b) Address: Fayette, Missouri

19. (a) 12-20-1946 (b) Southey Ferguson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th
year 1946 hour 3:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from December 1
1946 to December 12, 1946
that I last saw him alive on December 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis, generalized unknown
Duration

Due to _____
Due to _____

Other conditions: uremia 3 weeks
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____
Of autopsy: _____

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: Francis D. Dean (M. D. or other) O
Address: Lee House Fayette, Mo Date signed: 12/20/46

MAKING PERMANENT—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

123

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-30-46

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, ,
 , Registered Apprentice No.
working under my personal supervision.

Signed

Ralph A. Carr

Licensed Embalmer No.

3340

P. O. Address

Jayette M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.