

FILED JUN 2 1947

Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion,  
 (b) City or town Hannibal, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St Elizabeth Hospital.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 5 Days.  
(Specify whether  
 In this community .....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87  
 (c) City or town Perry, Missouri. 0  
(If outside city or town limits, write "RURAL") 0  
 (d) Street No. ..... 1  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country .....

3. (a) PRINT FULL NAME

Anna Laura Powell.

3. (b) If veteran, name war .....

3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Wm J. Powell. 6. (c) Age of husband or wife if alive 53 years  
 7. Birth date of deceased May, 31, 1895.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 11 10 hr. ..... min.

9. Birthplace La Bells, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business Home.

MOTHER FATHER  
 12. Name David Wright.  
 13. Birthplace Lewis County, Missouri.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Bertie Ellen Rouse.  
 15. Birthplace Lewis County, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm J. Powell  
 (b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof May, 13, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Valhalla Mauspleum, St. Louis, Mo.

18. (a) Signature of funeral director Clayton, Wilkey  
 (b) Address Perry, Missouri.  
 19. (a) 5-23-47 (b) W. E. M. Lucke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 10th,  
 year 1947 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1946 to May 10, 1947  
 that I last saw her alive on May 10, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Ca  
 Due to Ca of Breast  
 Due to .....

Other conditions .....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations .....  
 Of autopsy .....

Duration .....  
 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 C

23. Signature W. E. M. Lucke (M. D. or other) .....  
 Address Hannibal, Mo. Date signed .....

OCT 26 1948

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.....

*John J. Ellis* ..... Registered Apprentice No. *494*  
working under my personal supervision.

Signed *Olydie Dickens*  
Licensed Embalmer No. *3820*  
P. O. Address *Perry 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.