

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Rural, Holden R. R.  
(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 About 12 yr.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town R. R. # 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? ~~Missouri~~ No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Alice Powers

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Linden D. Powers 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 2 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 4 21 hr. min.

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

10. Usual occupation Housewife

11. Industry or business X

MOTHER FATHER { 12. Name James Eagleson  
13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Amanda Eager  
15. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Dean  
(b) Address Holden, Missouri  
17. (a) Burial (b) Date thereof 8/25/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Shawnee Mound Ceme.

18. (a) Signature of funeral director J. W. Cook  
(b) Address Chilhowee, Missouri

19. (a) 8/21/47 (b) Mrs. B. V. Redford  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23  
year 1947 hour 1:00 minute A M.  
21. I hereby certify that I attended the deceased from July 2, 1940 to Aug 23, 1947  
that I last saw her alive on Aug 22, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to Arteriosclerosis  
Other conditions Gall Stones  
(Include pregnancy within 3 months of death)

Major findings: 126  
Of operations \_\_\_\_\_  
Of autopsy Arteriosclerosis  
Chronic Myocarditis  
Gall Stones

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 Kelly Rawlins (M. D. or other)  
Address Holden, Mo Date signed 8/23/47

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

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**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.....

*J. W. Cook*  
Licensed Embalmer No. *4335*  
P. O. Address. *Chilhowee, 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.**