S. No. 2
—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 7 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31785

Registration District No. 200 | Primary Registration District No. 3041 | Registrar's No. 235

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Macon
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Macon 61
(c) City or town: Bevier /
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mary Jane Powell
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Female /
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 4, (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
75	5	22	..... hr. ..... min.

9. Birthplace: ..... (City, town, or county) Ohio / (State or foreign country)
10. Usual occupation: Domestic
11. Industry or business .....
FATHER
12. Name: John Morgan
13. Birthplace: ..... (City, town, or county) Wales 4 (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Lewis /
15. Birthplace: ..... (City, town, or county) Wales 4 (State or foreign country)
16. (a) Informant: Delpha Salisbury /
(b) Address: Macon, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Bevier, Missouri
18. (a) Signature of funeral director: [illegible]
(b) Address: Bevier, Mo
19. (a) 10/8/47 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 year 1947 hour 4 minute A. M.
21. I hereby certify that I attended the deceased from January, 1947 to August 26, 1947 that I last saw her alive on August 7, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	years
Due to: Asthma	years
Due to:	
Other conditions: Asthma (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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 0
23. Signature: Donald E. Eggleston (M. D. or other) M.D.
Address: Macon, Missouri Date signed 20 Oct. 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

SEP 15 1956

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 B. E. Edwards

Licensed Embalmer No. 1961

P. O. Address Bowling 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.