

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 133 Primary Registration District No. 3022

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany
(c) Name of hospital or institution Bethany Hospital
(d) Length of stay: In hospital or institution 62 hours
In this community 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Harrison
(c) City or town Ridgeway - Mo
(d) Street No.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Laura Jane Powell
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F, 1 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Powell - Deceased
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased April - 29 - 1867

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCT, day 21, year 1947, hour 11, minute 05 P.M.
21. I hereby certify that I attended the deceased from SEPT. 29, 1947, to OCT. 1, 1947, that I last saw her alive on OCT. 1, 1947, and that death occurred on the date and hour stated above.

8. AGE: Years 80, Months 5, Days 2, If less than one day 1 hr, 1 min
9. Birthplace Tagwell Co - Yll.
10. Usual occupation Keep of own home
11. Industry or business
12. Name William Ballard
13. Birthplace unknown
14. Maiden name Mary Elizabeth Knott
15. Birthplace unknown - Yll.

Immediate cause of death: Coronary Decomposition
Due to: Hypertensive cardiac-vascular disease
Other conditions:
Major findings:
Of operations:
Of autopsy:
PHYSICIAN: Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Earl Powell
(b) Address Hatfield - Mo.
17. (a) Burial (b) Date thereof 10-3-47
(c) Place: burial or cremation Green Chapel Cemetery
18. (a) Signature of funeral director Robert H. Boggs
(b) Address Ridgeway Mo.
19. (a) Oct 6-47 (b) John Burrows

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?
(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 Louis B. Bunting (M. D. or other)
Address Bethany Mo. Date signed 10/2/47

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Robert R. Boggers.

Licensed Embalmer No. 3576.

P. O. Address Ridgeway 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.