

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 48

14
1
2

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

1. PLACE OF DEATH: Callaway

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp. # 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institutions Since 11-28-47
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph

(c) City or town Huntsville
(If outside city or town limits, write "RURAL")

(d) Street No. 220 clay street
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME James Powell

3. (b) If veteran, name war ?

3. (c) Social Security No. —

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ellen Powell

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Sept 24 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 4 6 hr. min.

9. Birthplace Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation Coal miner

11. Industry or business _____

MOTHER FATHER

12. Name John Powell

13. Birthplace Wales I
(City, town, or county) (State or foreign country)

14. Maiden name Cole

15. Birthplace Wales I
(City, town, or county) (State or foreign country)

16. (a) Informant Corp. records

(b) Address Fulton Mo

17. (a) Removal (b) Date thereof 1-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarence, Mo

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address 726 1/2 St. Fulton, Mo

19. (a) Jan 31 1948 (b) Joie Morris Kluff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1948 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 28th, 1947, to Jan 30, 1948
that I last saw him alive on Jan 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion

Due to Generalized arteriosclerosis

Due to _____

Other conditions Senile Psychosis
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy: none

Duration _____

PHYSICIAN _____

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 Q

23. Signature R.S. Tate for Dr. Schmidt (M. D. or other) _____

Address Fulton St. Hosp. Date signed 1-31-48

1948 JUN 10 10 10 AM

Date Filed 2-4-48
District File Number

RECEIVED
District Health Officer No. 9,

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

Walter J. Haines, Jr., Registered Apprentice No. 82
working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.