S. No. 2
M—1/47
7. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Call 4532

State File No.

Primary Registration District No. 2000

Registrar's No. 208

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 Days (Specify whether years, months or days)
In this community: 4 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: STONE 104
(c) City or town: Reeds Springs (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Glendale Powell
3. (b) If veteran, name war: No
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ethyl I. Powell
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: Feb. (Month) 24 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
70	0	14	br. min.

9. Birthplace: Lamar (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Truman S. Powell
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name: Helen R. Hopkins
15. Birthplace: Unknown (City, town, or county) New York (State or foreign country)
16. (a) Informant: Ethyl I. Powell
(b) Address: Branson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Branson, Mo.
18. (a) Signature of funeral director: Herman R. Lohmeyer
(b) Address: Springfield, Missouri
19. (a) 3/11/48 (Date received local registrar) (b) W. E. Hartley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1948 hour 11 minute 15 P.M.
21. I hereby certify that I attended the deceased from 3/4 1948 to 3/8 1948 that I last saw him alive on 3/8 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
A typical pneumonia	3 wks
Due to - Etiology - not known	
(X-Ray interpretation - Virus pneumonia)	
Due to	
Other conditions - Arthritis	2 yrs
(Include pregnancy within 3 months of death)	

Major findings:
Of operations: N/A
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

23. Signature: Guy D. Calloway (M. D. or other) MD
Address: Springfield, Mo. Date signed 3/9/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1949

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 Walter E Lamb

Licensed Embalmer No. 3808

P. O. Address Springfield 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.