

No. 2
5-43
17-39
X36671

FILED MAY 7 1948

Registration District No. 38

Primary Registration District No. 5121

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Boone County
(b) City or town Hannaburg Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Perchie township
1 mi. S.W. Hannaburg
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Hannaburg Rural 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mo. West of Hannaburg 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence George Powell

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

4. Sex M. 5. Color or race N. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. C.B. Powell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 20 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Gordon Powell

13. Birthplace Richmond Va.
(City, town, or county) (State or foreign country)

14. Maiden name Seaside Grigsby

15. Birthplace Howard Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. H. Powell

(b) Address Hannaburg, Mo.

17. (a) Burial (b) Date thereof 4-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hannaburg Mo.

18. (a) Signature of funeral director R. O. Thellett, Jr., S.

(b) Address 427 E. 6 Ave., Columbia, Mo.

19. (a) 4-28-48 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 1946 to April 23, 1948
that I last saw h. live on April 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chc. nephritis Duration 8 yrs.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 7/3/40

Of autopsy _____

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. J. Fleech (M.D. or other) M.D.

Address Fayette MO Date signed 4-25-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 6 1948

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

Lyman H. Spunkle

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.