S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13260

FILED APR 29 1949

Registration District No. 1 Primary Registration District No. 5668 Registrar's No. 19

1. PLACE OF DEATH:
(a) County: Lincoln
(b) City or town: Rural Clark
(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: 89 yr 1 mo 16 days

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

3. (a) PRINT FULL NAME: VICTORIA POWELSON
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: F
5. Color or race: W.
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: Feb 24 1859 (Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 16 If less than one day hr. min.

9. Birthplace: Bur Oak (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Harrison Parsons
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Reid Powelson
(b) Address: Moscow Mills Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Wilson Cemetery
18. (a) Signature of funeral director: Wayne McCoy
(b) Address: Troy Mo
19. (a) 4-20-1948 (Date received local registrar) Emma B. Riddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1948 hour 11 minute 00 P.M.
21. I hereby certify that I attended the deceased from April 1 1948, to April 10 1948, that I last saw h. alive on April 1 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Insufficiency
Due to: Senility
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

Duration

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: (M. D. or other)
Address: Troy Mo Date signed 4/14/49

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 28 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 Wayne McCoy

Licensed Embalmer No. 35-86

P. O. Address Troy 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.