

FILED JUL 6 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. **3022**

Registrar's No. **51**

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

1. PLACE OF DEATH:  
 (a) County **Harrison**  
 (b) City or town **Bethany**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Sullivan Nursing Home 4**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **6 weeks**  
(Specify whether years, months or days)  
 In this community **6 weeks**

3. (a) PRINT FULL NAME **Villa Heaston Powell**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, widowed **2**  
 6. (b) Name of husband or wife **Riley W. Powell** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July 19 1860**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>87</b>	<b>10</b>	<b>27</b>	hr. min.

9. Birthplace **Van Wert Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business \_\_\_\_\_

12. Name **Henry C. Heaston**

13. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)

14. Maiden name **Malissa McNew**  
(City, town, or county) (State or foreign country)

15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Blaine Powell**  
 (b) Address **Grant City, Mo.**

17. (a) **Burial** (b) Date thereof **6-18-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Center Cemetery**

18. (a) Signature of funeral director **Joch C. Dunge**  
 (b) Address **Grant City, Mo.**

19. (a) **June 18-48** (b) **Zola Burris**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Harrison 41**  
 (c) City or town **Hatfield**  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16**  
 year **48** hour **2** minute **15** A.M.

21. I hereby certify that I attended the deceased from **June 2**  
 19**48**, to **June 16** 19**48**  
 that I last saw her alive on **June 15** 19**48**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **1 hr.**

Due to **Hypertension** years \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Previous hemorrhage**  
(Include pregnancy within 3 months of death)  
**1 month ago.**

Major findings: Of operations \_\_\_\_\_  
 Of autopsy **§30**

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 \_\_\_\_\_

23. Signature **J. J. [unclear]** (M. D. or other) **MO**  
 Address **Bethany** Date signed **6/18/48**

**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..... *Arch C. Dungee* .....

Licensed Embalmer No..... *3252* .....

P. O. Address..... *Front city 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.**