No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 14 1948

Registration District No. 209

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 20156

Registrar's No. 208

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

2. USUAL RESIDENCE OF DECEASED: 64
(a) State Missouri (b) County Marion
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 827 Woodrow Ave. 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country ---

3. (a) PRINT FULL NAME GLENN A. 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 Ruth Powell
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased June (Month) 27 (Day) 1924 (Year)

8. AGE:

Years	Months	Days	If less than one day
24	0	2	hr. min.

9. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)
10. Usual occupation meat cutter
11. Industry or business Adams Grocery
FATHER
12. Name James Powell
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Franklin
15. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Mrs. Ruth Powell
(b) Address 827 Woodrow, Hannibal, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation Hope Cemetery Ralls Co
18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 1000 Broadway, Hannibal, Mo.
19. (a) July 6, 1948 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1948 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from June 29, 1948 to June 29, 1948 that I last saw him alive on June 29, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	9 hrs
Due to "Arteriosis?"	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 0

23. Signature [signature] (M. D. ~~or other~~)
Address Hannibal Mo Date signed July 3 - 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4324

P. O. Address _____

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.