FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22481

Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 114

1. PLACE OF DEATH:

(a) County: Cass

(b) City or town: Pleasant Hill, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: north part of town (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: life (Specify whether In this community: life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cass

(c) City or town: Pleasant Hill (If outside city or town limits, write "RURAL")

(d) Street No.: north part of town (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: JAMES A. POWELL

3. (b) If veteran, name war:

3. (c) Social Security No.: 495-07-0953

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Della Powell

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: Nov. (Month) 1 (Day) 1889 (Year)

8. AGE: Years 58 Months 7 Days 27 If less than one day ... hr. ... min.

9. Birthplace: Strasburg, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Fireman for Missouri Pacific

11. Industry or business:

FATHER
12. Name: John Powell
13. Birthplace: Unk (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Jennie Frakes
15. Birthplace: Unk (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Della Powell
(b) Address: Pleasant Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill, Mo.

18. (a) Signature of funeral director: Allen Brownfield
(b) Address: Pleasant Hill, Mo.

19. July 13. 1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1948 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 14 Jan 1947, 19..., to 28 June 1948 that I last saw him alive on 28 June 48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute coronary occlusion	1 hr
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

94a

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: A. W. Ellwood (M. D.)
Address: Pleasant Hill Date signed: 7-2-48

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

JUL 21 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 Allen Brumfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

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.