S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32441

Registration District No. 11 | Primary Registration District No. 5330 | Registrar's No. 25

1. PLACE OF DEATH:
(a) County Crawford
(b) City or town Osage Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 85 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford
(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? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAGGIE CHRISTINE POWER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Floyd Power
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Feb (Month) 2 (Day) 1871 (Year)

8. AGE: Years 77 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Lewis Shifley
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Kathrine Wolfe
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Floyd Power
(b) Address Hiwah, Mo
17. (a) Burial (b) Date thereof Nov-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Center Park
18. (a) Signature of funeral director L. Jones & Son
(b) Address Steelville, Mo
19. (a) Nov. 4th 1948 (b) Elsie Hanson 79
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1948-9 hour 4.5 minute A M.
21. I hereby certify that I attended the deceased from Oct — 24, 1948 to Oct — 31, 1948
that I last saw h alive on Oct — 24, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to	
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 J. P. Townsend (M. D. or other)
Address Shirley Mo Date signed 11-2-48

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

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

RECEIVED 11-8-48
District Health Officer No. 5,
District File Number 1148693
Date Filed 11-13-48

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 H M Jones Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed H M Jones

Licensed Embalmer No. 2428

P. O. Address Steelville 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.