No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 7 1948

Registration District No. 2010

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5774

State File No. 37385

Registrar's No. 167

1. PLACE OF DEATH:

(a) County: Mercer

(b) City or town: Rural - Ravanna Twp.
(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: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Mercer 65

(c) City or town: Princeton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME: Eva M. Powell

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

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

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

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

7. Birth date of deceased: Oct. (Month) 31 (Day) 1865 (Year)

8. AGE: Years: 83 Months: ____ Days: 19 If less than one day: ____ hr. ____ min.

9. Birthplace: Mercer Co. (City, town, or county) Mo. (State or foreign country) U

10. Usual occupation: House Keeper

11. Industry or business: ____

MOTHER FATHER

12. Name: William Collings

13. Birthplace: ____ (City, town, or county) Ind. (State or foreign country) 1

14. Maiden name: Elizabeth Cannon

15. Birthplace: ____ (City, town, or county) Ind. (State or foreign country) 1

16. (a) Informant: Leon Powell

(b) Address: Princeton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-21-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Princeton Ceme.

18. (a) Signature of funeral director: Martin Funeral Home

(b) Address: Princeton, Mo.

19. (a) 11-24-48 (Date received local registrar) (b) M. J. Ruth (Registrar's signature) Deg

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 19 year: 1948 hour: 12:25 minute: A.M.

21. I hereby certify that I attended the deceased from Oct 3, 1948, to Nov 19, 1948, that I last saw her alive on Nov 14, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility	
Arteriosclerotic Heart Disease	5 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arthritis	5 years

Major findings:
Of operations: ____
Of autopsy: ____

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: Marian Faulkner (M. D. or other) MD

Address: Princeton, Mo Date signed: 11/22/48

(Licensed Embalmer's Statement on Reverse Side)

APR 29 1949

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 Dan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.