

Registration District No. 301

Primary Registration District No. 5666

Registrar's No.

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Nathaniel Lee 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 widowed  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased June 20, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 10 27 hr. min.

9. Birthplace Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name B. L. Powell  
13. Birthplace Virginia (City, town, or county) (State or foreign country)  
14. Maiden name Sarah E. Powell  
15. Birthplace Linn Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Alice Woodling  
(b) Address Linn, Mo.

17. (a) Burial (b) Date thereof 5/19/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Magnolia Linn

18. (a) Signature of funeral director Thurman Underhill  
(b) Address Linn, Mo.

19. (a) May 19 1941 (b) Maude S. Webb  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Linn, Rural (If outside city or town limit, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 16, 1941, to May 17, 1941,  
that I last saw him alive on May 17, 1941,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Thrombosis Duration

Due to. 5 2 12  
Due to.

Other conditions. (Include pregnancy within 3 months of death)

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?  
863 (Specify type of place)  
While at work? (e) Means of injury

23. Signature W. B. Willis (M. D. or other) L.D.  
Address Linn, Mo. Date signed 5/17/41

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**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. \_\_\_\_\_

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, above space should be left blank.**