

1938 JAN 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44048
Do not use this space.

1. PLACE OF DEATH

(a) County Demasat 2 Registration District No. 65-1
(b) Township Little Prairie 1 Primary Registration District No. 5862 Registered No. 123
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

467 MARTHA BADER POWELL
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thad L. Powell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 10 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc. house keeper
10. Date deceased last worked at this occupation (month and year) unknown
11. Total time (years) spent in this occupation life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Demasat County Missouri
13. NAME Joseph Bader
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6
15. MAIDEN NAME Mary Sharp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1
17. INFORMANT (ADDRESS) Paul & Joe Powell Caruthersville, Mo.
18. BURIAL, CREMATION OR REMOVAL PLACE DATE Caruthersville, Mo. 12/24/38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) The Funeral Co. Caruthersville, Mo.
20. FILED Dec. 28, 1938 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 - 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1938, to Dec. 22, 1938
I last saw her alive on Dec. 22, 1938 Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:
arterio-sclerosis Date of onset 97
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify see above M. D.
(Signed) Ada Martin
(Address) Caruthersville, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 3,

District File Number 39-93

Date Filed 1-9-39

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,

John W. Schuman

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

J. W. Schuman

Licensed Embalmer No. 4086

P. O. Address Courtsville, 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, above space should be left blank.