

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7269  
Do not use this space.

REC'D MAR 17 1939

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 592  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4350 Registered No. 6  
 (c) City Montgomery (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

James M. Powell  
 (a) Residence, No. Montgomery City Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan F. Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 th 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>89</u>	<u>8</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as retired Carpenter  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Near Mexico (STATE OR COUNTRY) Missouri

13. NAME Monroe Powell

14. BIRTHPLACE (CITY OR TOWN) Un Known (STATE OR COUNTRY)

15. MAIDEN NAME Un Known

16. BIRTHPLACE (CITY OR TOWN) Un Known (STATE OR COUNTRY)

17. INFORMANT C. V. Powell (ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL Elmwood C. Mexico Mo PLACE DATE 2/12/39

19. FUNERAL DIRECTOR (NAME) C. W. Hopkins (ADDRESS) Montgomery City Mo

20. FILED Feb. 10 19 29 Bull Menefer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10/39 19

22. I HEREBY CERTIFY, That I attended deceased from December 2, 1938 to Feb. 9, 1939 19  
 I last saw him alive on Feb. 9, 1939 19 Death is said to have occurred on the date stated above, at 8:am m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Phys. Exam Were 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 \_\_\_\_\_ (Signed) Bull Menefer, M. D.

(Address) Montgomery City, Missouri

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.

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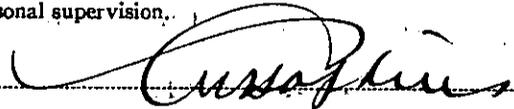
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me on the 10<sup>th</sup> of  
01 Feb 1939

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed



Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.**