

Registration District No. 384Primary Registration District No. 4227

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Howell 1940
(b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christa Logan Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day

In this community _____ years, months or days 1940
(Specify whether _____)3. (a) PRINT FULL NAME John Kelame 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 Married6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive _____ years
May Powell7. Birth date of deceased July 14 1890
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
69 5 12 hr. min.9. Birthplace Rolla Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer11. Industry or business Farmer12. Name J. Thomas Powell13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Julia Allen15. Birthplace Kentucky
(City, town, or county) (State or foreign country)16. (a) Informant's own signature John K Powell Jr.(b) Address West Plains, Mo.17. (a) Burial (b) Date thereof Jan. 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oakland Cemetery, Mo.18. (a) Signature of funeral director Lawrence Cahr(b) Address West Plains, Mo.19. (a) 1-8-40 (b) Vida W. Simons
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Howell
(c) City or town West Plains
(If outside city or town limits, write "RURAL")
(d) Street No. Lebo Route
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7
year 1940 hour 5 minute 35 P.M.21. I hereby certify that I attended the deceased from 1/4, 1940 to 1/7, 1940
that I last saw him alive on 1/7, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Obstructive Jaundice 8 daysDue to _____
Intestinal Obstruction 6 daysOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____28. Signature Marice Flawson (M. D. or other) _____Address West Plains Mo Date signed 1/8/40

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.....

.....
working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 240156

Date Filed 2340

..... Registered Apprentice No.

Signed *Lawrence Carr*.....

Licensed Embalmer No. 4031.....

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.