

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

6/lead  
**5911**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Buchanan Registration District No. 80  
 (b) Township Agency Primary Registration District No. 4048  
 or  
 (c) City Agency, Mo. (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** Marion E. Powell

(a) Residence, No. Agency, 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lucy Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 13-1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
67      4      24

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agency, Mo.

FATHER  
 13. NAME John L. Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER  
 15. MAIDEN NAME Josephine Kerma

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Lucy Powell Agency, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Agency Cemetery DATE Feb. 8 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. A. Sullivan Sowers, Mo.

20. FILED Feb. 6 1940 Mrs. Lucy Powell Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 6<sup>th</sup> 1940

22. I HEREBY CERTIFY, That I attended deceased from October 15 1939 to February 6<sup>th</sup> 1940  
 I last saw him alive on February 4 1940. Death is said to have occurred on the date stated above, at 3:15 m.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis and  
nutritional stenosis

Date of onset  
1936

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis Phys. ex. 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 \_\_\_\_\_ (Signed) D. L. Dugan M. D.  
 (Address) Dearborn, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. 111

District File Number 340-540

Date Filed 3-12-40

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

Signed *F. A. Sullivan*  
Licensed Embalmer No. 1738  
P. O. Address Gaucher, 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.