

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 15 1941

STANDARD CERTIFICATE OF DEATH

10966

State File No.

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1101 Jersey St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 25 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____ 999
(c) City or town Washington, D. C. 45
(If outside city or town limits, write "RURAL")
(d) Street No. "The Portner" -15th & N.N.E. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th
year 1941 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from March 2nd
19 41 to March 19th 19 41
that I last saw her alive on March 19th 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death _____
uremia - 5 days
Due to Chronic Nephritis 5 yrs
Due to _____

Other conditions Mental Degeneration 5 yrs
(Include pregnancy within 3 months of death)
Cher. Arthritis

Major findings:
Of operations None
Of autopsy No
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) NO
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
865 No (Specify type of place)
While at work? No (e) Means of injury

23. Signature George H. Wood (M. D. or other) M. D.
Address 304 Grant St., Date signed 3/27/41

3. (a) PRINT FULL NAME Minnie Belle Powell

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Fredric H. Powell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 20, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 6 _____ hr. _____ min.

9. Birthplace Albany, New York /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Watson

13. Birthplace Albany New York /
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Preston

15. Birthplace Albany, New York /
(City, town, or county) (State or foreign country)

16. (a) Informant F. H. Powell

(b) Address "The Portner" - Washington, D.C.

17. (a) Cremation (b) Date thereof 3-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Mch. 28, 1941 (b) E. J. M. Santos, M.D.
(Date received local registrar) (Registrar's signature)

41-4-405

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.....

E. J. Williams

Licensed Embalmer No. *7224*

P. O. Address.....

Carthage

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, fact should be so stated above.