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FILED JUN 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17895

Registration District No. 328

Primary Registration District No. 3017

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Greene Co.

(b) City or town Drenton

(c) Name of hospital or institution: 325 So. Main  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 12 years years, months or days

8. (a) PRINT FULL NAME LOTT, D POWELL

8. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sarah Valine Howell

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased April 4 1855  
(Month) (Day) (Year)

8. AGE:

| Years     | Months    | Days     | If less than one day |
|-----------|-----------|----------|----------------------|
| <u>82</u> | <u>11</u> | <u>3</u> | hr. _____ min.       |

9. Birthplace Greene Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer, retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Mathew N. Powell

13. Birthplace Nashville Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Powell

15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Jane Jarr

(b) Address Drenton, Mo

17. (a) Burial (b) Date thereof 3-11-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director W. D. Haines

(b) Address Liberty City Mo

19. (a) 3-11-41 (b) Jane A. Jarr  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Drenton  
(If outside city or town limits, write "RURAL")

(d) Street No. 325 S Main St 2  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9<sup>th</sup>  
year 1941 hour 7 minute a M.

21. I hereby certify that I attended the deceased from Feb 1  
1941 to March 9 1941  
that I last saw him alive on March 8 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Disease 2 yrs.

Due to 0

Due to 0

Other conditions 0  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
300 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature D. B. Rooks (M. D. or other) 0  
Address Drenton Mo Date signed 3-11-41

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

**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.....

*W. D. Haines*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed..... *W. D. Haines* .....

Licensed Embalmer No. *942* .....

P. O. Address *Gilman City* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**