No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21226

Registration District No. 85 Primary Registration District No. 5127 Registrar's No. 627

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

11
0
0

1. PLACE OF DEATH
(a) County BUCHANAN
(b) ~~City or town~~ Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R7D #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUCHANAN
(c) City or town ST. JOSEPH.
(If outside city or town limits, write "RURAL")
(d) Street No. 3025 SENECA. ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ORVILLE-R-POWELL
3. (b) If veteran, name war no
3. (c) Social Security No. no.
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Elizabeth Powell
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Jan (Month) 31 (Day) 1902 (Year)

8. AGE: Years 39 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Bendena (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Attorney at Law
11. Industry or business
MOTHER FATHER
12. Name James M Powell
13. Birthplace (City, town, or county) Tenn (State or foreign country)
14. Maiden name Sarah Naylor
15. Birthplace Platte Co (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Sarah Elizabeth Powell
(b) Address St Joseph Mo.
17. (a) Denton Kans (Burial, cremation, or removal) (b) Date thereof June 18 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Denton Kans
18. (a) Signature of funeral director Roy Stanley
(b) Address St Joseph Mo.
19. (a) 6/18/41 (Date received local registrar) (b) H J Nettlebrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17
year 1941 hour 7 minute 00 A.M.
21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on June 17, 1941, to ....., 19....;
that I last saw ~~[illegible]~~ ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by asphyxia Carbon monoxide fumes piped from automobile exhaust with engine running to closed car body — Duration 1 day
Due to
Due to
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
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) Suicide
(b) Date of occurrence June 17 - 1941
(c) Where did injury occur? R7D #4 St Joseph Buch. Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? unfenced woods by road side (Specify type of place)
While at work? no (e) Means of injury Auto engine fumes
23. Signature H F Mundy (M. D. or other) Coroner
Address 404 So 3d Date signed 6/17/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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.....

June 17 1941, Registered Apprentice No.....

working under my personal supervision.

Signed John H Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph Mo

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

If this body is not embalmed, fact should be so stated above.