

2  
3-40  
7-39  
X23150

FILED AUG 18 1941

State File No. \_\_\_\_\_

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 165

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 321 No 4th /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 321 No 4th St  
(If rural, give location)

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

3. (a) PRINT FULL NAME Lindsay Powell

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

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th  
year 1941 hour 11 minute P.M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Rose Powell

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

7. Birth date of deceased July 15th 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 3, 1941 to July 18, 1941  
that I last saw him alive on July 18, 1941  
and that death occurred on the date and hour, stated above

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>0</u>	<u>3</u>	hr. _____ min.

Immediate cause of death: Coronary Atherosclerosis

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

Due to Coronary Atherosclerosis  
Myocardial Infarction

10. Usual occupation Retired Farmer

Due to 930

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

12. Name Solomon Powell

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

14. Maiden name Nancy McCann

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Rose Rowell

22. If death was due to external causes, fill in the following:

(b) Address Moberly Mo

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

17. (a) Burial (b) Date thereof July 20, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence \_\_\_\_\_

(c) Place: burial or cremation Moberly

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

18. (a) Signature of funeral director Mahan and Son

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(b) Address Moberly Mo

19. (a) July 20-41 (b) Leah Williams  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature W. L. Fleming (M. D. or other) O

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number

8-41-1517

Date Filed

AUG 15 1941

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

Frank D. D. Witt

Licensed Embalmer No.

3021

P. O. Address

Moberly Mo

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, fact should be so stated above.