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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38649

Registration District No. 460

Primary Registration District No. 5624-A

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Lafayette County Mo Davis Township
(b) City or town Rural Corder Mo
(c) Name of hospital or institution:

(If not in hospital or institution, give street number or location)

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

In this community 62 years (Specify whether)

3. (a) PRINT FULL NAME Lillie Belle Powers

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married: divorced 2

(b) Name of husband or wife James Owen Powers 6. (c) Age of husband or wife if alive _____ years
Birth date of deceased July 18 1859 (Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 14 hr. min.

9. Birthplace Hillsdale Michigan (City, town, or county) (State or foreign country)

10. Usual occupation housewife

MOTHER FATHER

12. Name Nicholas Sporkeman

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

14. Maiden name unknown

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

16. (a) Informant Viola Powers

(b) Address Corder Mo

17. (a) Burial (b) Date thereof DEC 1 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corder

18. (a) Signature of funeral director E. J. James

(b) Address Corder Mo

19. (a) Dec. 2-1941 (b) T. J. Webb (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE

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

(d) Street No. 4 MILES S. 1/2 J. M. EAST OF CORNER (If rural, give location)

(e) Citizen of foreign country? (Yes or No) No If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 30 year 1941 hour 12 minute 45 AM

21. I hereby certify that I attended the deceased from Oct 14 1941 to Nov 28 1941 that I last saw her alive on Nov 28 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 6 wks. Due to Hypertension Atherosclerosis Years

Other conditions (Include pregnancy within 9 months of death) 130

Major findings: Of operations _____ Of autopsy _____ 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) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ M. D. or other _____

Address _____ Date signed 11-29-41

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-12-41

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 ME

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2058

P. O. Address Concordia 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, fact should be so stated above.