

FILED NOV 14 1942

Registration District No. 201

Primary Registration District No. 6032

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan mo.
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91
(c) City or town Doniphan mo.
(d) Street No.....
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JAMES FRANKLIN POWELL

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha Powell 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Nov. 21, 1894

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23, year 1942 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 3-15-1942 to 10-22-1942; that I last saw him alive on 10-22-1942 and that death occurred on the date and hour stated above.

Immediate cause of death Inanition
Due to Cancer of prostate gland with a possible metastasis
Due to stomach and bowel

Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations SIP
Of autopsy.....

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

8. AGE: Years 47 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Warren County Ind.

10. Usual occupation farming

11. Industry or business.....

MOTHER FATHER
12. Name David F. Powell
13. Birthplace Warren County Ind.
14. Maiden name Abened Bacett
15. Birthplace unknown 9

16. (a) Informant Chester Powell

(b) Address Covington Ind.

17. (a) Burial (b) Date thereof Oct. 25-42

(c) Place: burial or cremation Towells Cent.

18. (a) Signature of funeral director Blacker Mortuary

(b) Address Doniphan mo.

19. (a) 10/30/42 (b) E. B. Johnston

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 J. Edw. Wadman (M. D. Registrar)
Address Doniphan, Mo. Date signed 10-24-42

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

91
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RECEIVED

District Health Officer No. 5.

District File Number 11421003

Date Filed 11-13-42

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 Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address Corning Ark.

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.