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37012

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 7 1942

Primary Registration District No. 3019

Registrar's No. 169

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

35
285

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution:
Presnell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

In this community Three Days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot ⁷⁸

(c) City or town Hayti ⁷
(If outside city or town limits, write "RURAL") ¹

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Odie Lovington Powell

3. (b) If veteran, name war World War

3. (c) Social Security No. 488-18-4168

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1942 hour 5 minute 06 A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mable Powell 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased September 8 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-11-42 1942 to 11-13 1942
that I last saw him alive on 11-13 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>2</u>	<u>5</u> hr. min.

Due to Hypertension

Due to

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

9. Birthplace Obion Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Compress Watchman

Major findings:
Of operations.....

Of autopsy.....

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

11. Industry or business Above

12. Name James Powell

13. Birthplace Unknown ⁹
(City, town, or county) (State or foreign country)

14. Maiden name Anna Stephens

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

16. (a) Informant Mable Powell

(b) Address Hayti, Missouri

17. (a) Burial (b) Date thereof 11-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Missouri

18. (a) Signature of funeral director LaForge Undertaking Co

(b) Address Caruthersville, Mo

19. (a) 11-19-42 (b) Julia Bland ushp
(Date received local registrar) (Registrar's signature)

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?.....

23. Signature J. S. Presnell (Specify type of place) (e) Means of injury 0
While at work? (M. D. or other) 0

Address Kennett, Mo Date signed 11-18-42

401

RECEIVED

DEC 7 - 1942

District Health Office No. 2,

District File Number 1242-1501

Date Filed 12-5-42

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 *J. W. Schuman*.....

Licensed Embalmer No. 4086.....

P. O. Address *Cautionville*.....

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.

STANDARD CERTIFICATE OF DEATH

State File No. 37012

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Presnell Hosp.
(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 _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Odie L. Powell

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Sept (Month) 8 (Day) 1942 (Year)

8. AGE: Years 46 Months 2 Days _____ If less than one day _____ min.

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country) Tenn

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: uremia Duration _____

chronic nephritis
supertense
Due to _____

Due to _____

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

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)

(b) 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 O. L. Powell (M. D. or other) _____

Address Kennett, Mo Date signed 12-31-42

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

SUPPLEMENTARY

MOTHER FATHER

S-37012