

Registration District No. **59**

Primary Registration District No. **5232**

1900
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Cass Union Twp.**
(b) City or town **PAULINA**
(If outside city or town limits, write "RURAL" and name of township)
(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. (Specify whether)
In this community **73 years** (years, months or days)

3. (a) PRINT FULL NAME **MARTIN RICE POWELL**

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

4. Sex **Male** 5. Color or **Grace white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Lula Bell Powell** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **June - 22 - 1865**
(Month) (Day) (Year)

8. AGE: 77 Years 9 Months 25 Days If less than one day hr. min.

9. Birthplace **Paula** **Kans.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Joseph Powell**
13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Katherine Haynes**
15. Birthplace **Idem**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lula Bell Powell**
(b) Address **Cleveland mo.**

17. (a) **Burial** (b) Date thereof **April 19 1943**
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Cleveland mo.**

18. (a) Signature of funeral director **W. E. Myers**
(b) Address **Cleveland Twp.**

19. (a) **April 18-43** (b) **Margaret V. ...**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cass** **19**
(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17**
year **1943** hour **8** minute **45** P.M.

21. I hereby certify that I attended the deceased from **4/3/43**
_____ 19____ to **4/17** 19**43**
that I last saw him alive on **April 17** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **2 weeks**

Due to **arteriosclerosis (cerebral)**

Due to **arterial hypertension**

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

Major findings: Of operations **93d**
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 **Martin Robbins** (M. D. or other) **MD**
Address **Paulina, mo** Date signed **4/18/43**

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 Geo. E. Myers
Licensed Embalmer No. 25-17
P. O. Address Cleveland 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, above space should be left blank.