

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg

(c) Name of hospital or institution: 323 Franklin St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town 323 Franklin St. Warrensburg
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Daniel Patton 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 Mary Powell

6. (c) Age of husband or wife if alive 79 yrs years

7. Birth date of deceased Sep - 13 - 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 9 28 _____ hr. _____ min.

9. Birthplace Odessa Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name David J. Powell

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

14. Maiden name Nancy Ingraham

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

16. (a) Informant Mrs. D. P. Powell

(b) Address Warrensburg, Mo

17. (a) Burial (b) Date thereof July - 12 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg, Mo

19. (a) July 12 '43 (b) Seal Dr. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1943 hour 12:30 minute _____ M.

21. I hereby certify that I attended the deceased from March 6, 1943, to July 11, 1943.
that I last saw him alive on July 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 day

Due to hypertensive heart disease and arteriosclerosis 1 year

Other conditions smilbly

(Include pregnancy within 3 months of death)

Major findings: 92d

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 D. Williams (M. D. or other) _____

Address Warrensburg, Mo. Date signed 7/12/43

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-4-43

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 P. A. Phillips

Licensed Embalmer No. 23120

P. O. Address Warrensburg, 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.