

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

35572  
Do not use this space.

FILED NOV 9 1943

1. PLACE OF DEATH  
 (a) County RAY Registration District No. 298  
 (b) Township POLK Primary Registration District No. 4448 Registered No. 228  
 (c) City LAWSON (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME SALLIE MOLLIE POWLEY  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State) U  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 11 - 1860  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
83 0 13  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RAY MO  
 13. NAME JOHN POWLEY  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLAY MO  
 15. MAIDEN NAME ANN FULLER  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLINTON MO  
 17. INFORMANT (ADDRESS) Thos. J. G. Powley, Lawson, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE LAWSON DATE 10-26 1943  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jarman - Richard, Lawson, Mo.  
 20. FILED Oct. 25, 1943 W. A. Black Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24<sup>th</sup> 1943  
 22. I HEREBY CERTIFY, That I attended deceased from May 4<sup>th</sup> 1943 to Oct 22<sup>nd</sup> 1943  
 I last saw her alive on Oct. 16 1943 Death is said to have occurred on the date stated above, at 3 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Interstitial Nephritis Date of onset 1941  
 Other contributory causes of importance: 13/a  
Cerebral Hemorrhage 1926  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Blurred as there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury I  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Edwin H. Huggins M. D.  
 (Address) Lawson, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

RECEIVED

Health Officer No. 3,

Case File Number

11-8-43

Date Filed

JAN 26 1955

MAR 30 1955

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 *Claude Prichard*

Licensed Embalmer No. *272-1*

P. O. Address *Excelsior Spg. M.*

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.