

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE MUST 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.

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

7711
Do not use this space.

FILED MAR 14 1944

1. PLACE OF DEATH

(a) County Macon Registration District No. 202
 (b) Township Walnut Primary Registration District No. 4313 Registered No. 4
 (c) City Elmer (d) Street No. 1 St. 1
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GENERAL - GRANT - POWELL

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susie Reprogule Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 - 1864

7. AGE YEARS 79 MONTHS 9 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Louisiana

FATHER 13. NAME William Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Pamela Jane Lair

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) F. L. Powell Elmer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Home DATE Feb. 6, 1944

19. FUNERAL DIRECTOR (ADDRESS) Clayton McCollum Elmer, Mo.

20. FILED 76 1944 Minnie Fred Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1944

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1943 to Feb. 4, 1944
 I last saw him live on Feb. 4, 1944 Death is said to have occurred on the date stated above, at 10:10 A.M.
 The principal cause of death and related causes of importance were as follows:

Senile Gangrene of right foot Date of onset 6-1-43

Other contributory causes of importance: 98! 2

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Harold D. Lee #. DA
 (Address) Elmer Mo.

1038

RECEIVED

District Health Officer No. 10

District File Number 3-44-505

Date Filed MAR 8 1944

STATEMENT BY LICENSED EMBALMER

I, Clyde M. Colburn, Licensed Embalmer No. 3226

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Clyde M. Colburn

Licensed Embalmer No. 3226

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.)