S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18595

State File No.

Registration District No. 200 Primary Registration District No. 5723 Registrar's No. 50

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Chariton Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61
(c) City or town Chariton Twp 0
(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 0

3. (a) PRINT FULL NAME William Francis Powers

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 Julia Powers
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Oct. (Month) 5 (Day) 1866 (Year)

8. AGE: Years 77 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Macon Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business

FATHER
12. Name Marion Powers
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Miles
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs Neva Barnes
(b) Address Macon Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood Cem
18. (a) Signature of funeral director Albert Skinner
(b) Address Macon Mo
19. (a) 6/1/44 (Date received local registrar) (b) Jorn B. Hunkler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1944 hour 10:15 minute a M.

21. I hereby certify that I attended the deceased from April, 1943, to May 5, 1944; that I last saw him alive on May 6, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocardial	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. L. Durden (M. D. or other) DO
Address Callao Mo Date signed 5-29-44

1037

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-44-1095
Date Filed JUN 9 1944

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 Coitland S Munson

Licensed Embalmer No. 3414

P. O. Address Macon 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.