V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1944

Registration District No. 324

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25829

Primary Registration District No. 3072

Registrar's No. 121

1. PLACE OF DEATH:

(a) County SALINE

(b) City or town MARSHALL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NO
(If not in hospital or institution, write street number or location)

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

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SALINE

(c) City or town MARSHALL
(If outside city or town limits, write "RURAL")

(d) Street No. 563 W MARION
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Wa[illegible] June Powell

3. (b) If veteran, name war /

3. (c) Social Security No. /

4. Sex Fe

5. Color or race Negro

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 29 (Day) 19[illegible] (Year)

8. AGE: Years 14 | Months 11 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace CARROLTON (City, town, or county) MO (State or foreign country)

10. Usual occupation School

11. Industry or business

FATHER
12. Name Cecil Powell
13. Birthplace MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Goldie MARSHALL
15. Birthplace CARROLTON (City, town, or county) (State or foreign country)

16. (a) Informant Goldie Powell
(b) Address MARSHALL MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/7/44 (Month) (Day) (Year)
(c) Place: burial or cremation CARROLTON MO

18. (a) Signature of funeral director DON SHORT
(b) Address MARSHALL MO

19. (a) 7-10-44 (Date received local registrar) (b) Mrs T. O Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1944 hour 11 minute ..... A.M.

21. I hereby certify that I attended the deceased from May 28, 1944 to June 5, 1944 that I last saw her alive on June 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis — Duration 6 days

Due to Appendicitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

Signature (M. D. or other)

Address Marshall Date signed 6/8/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-9-44

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 Don Short

Licensed Embalmer No. 3757

P. O. Address Marshall 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.