No. 2
—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37819

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 607

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 25 years

2. USUAL RESIDENCE OF DEACESED:
(a) State Mo (b) County Linn 58
(c) City or town Brookfield
(If outside city or town limits, write "RURAL")
(d) Street No. 310 W. Brooks
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES A. DELBERT POWELL
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Emma C. Powell
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased April (Month) 18 (Day) 1868 (Year)

8. AGE: Years 77 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Davis Co. (City, town or county) Iowa (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
MOTHER FATHER
12. Name Thomas Powell
13. Birthplace D.K. (City, town, or county) Va (State or foreign country)
14. Maiden name Dorcas J. Mann
15. Birthplace D.K. (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Mrs. Emma C. Powell
(b) Address Brookfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery
18. (a) Signature of funeral director Hill Funeral Home
(b) Address 117 South Main
19. (a) 11/13/45 (Date received local registrar) (b) Evelyn Kelley Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 year 1945 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from Nov 7, 1945 to Nov. 10, 1945 that I last saw him alive on Nov. 8 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	11/9/45
Due to Cause unknown	
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

23. Signature [illegible] M.D. (or other)
Address Brookfield, Mo. Date signed 11/12/45

1468

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 14
District File Number
Date Filed

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 J. M. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.