

STANDARD CERTIFICATE OF DEATH

31200

Registration District No. 299

Primary Registration District No. 6026

State File No.

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Township 37 Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Carroll
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Reynolds
(c) City or town Township 32 Rural
(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 _____

3. (a) PRINT FULL NAME John Powers

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 Mary Powers 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: 3 (Month) 12 (Day) 1875 (Year)

8. AGE: Years 71 Months 5 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace St. Almo, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Willard Powers

13. Birthplace Illinois (City, town, or county) (State or foreign country)

14. Maiden name Mary Asburn

15. Birthplace Mt. Vernon Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mary Powers

(b) Address Bushier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary C. Springfield, Ill.

18. (a) Signature of funeral director Hobson & Brantley

(b) Address Salem, Mo.

19. (a) 9/20/46 (Date received from registrar) (b) C. W. Matzpatrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1946 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from July 1, 1946, to Aug 18, 1946 that I last saw him alive on Aug 18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Nephritis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 132 Of autopsy _____

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)

Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. R. Pottle (M. D. or other) Address Centerville Date signed 9/22/46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 1046536

Date Filed 10-7-46

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 Max L. Wapfel
Licensed Embalmer No. 4170
P. O. Address Salem, N.J.

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.