

FILED APR 8 1947

Registration District No. 147

Primary Registration District No. 3025

Registrar's No. 55

1. PLACE OF DEATH:

(a) County HOWELL
(b) City or town WEST PLAINS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether)
In this community 55 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL
(c) City or town WEST PLAINS, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 623 EAST MAIN ST.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN LAWRENCE POWLES

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 Blanche Spradlin Powles 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased MARCH 24, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>11</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Plumber

11. Industry or business _____

MOTHER FATHER
12. Name JOHN C. POWLES
13. Birthplace Akron, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name KATHERINE C. KORTZ
15. Birthplace Belleville, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche Powles
(b) Address WAYNESVILLE, Mo.

17. (a) OAK LAWN CEM. (b) Date thereof MAR 25 1947
(Burial, cremation) (Month) (Day) (Year)

(c) Place: burial or cremation WEST PLAINS, MO.

18. (a) Signature of funeral director Hal Shoubrugh
(b) Address WEST PLAINS, MO.

19. (a) Mar 28 - 47 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 22,
year 1947 hour _____ minute P. M.

21. I hereby certify that I attended the deceased from Mar. 10 1947 to Mar. 22 1947
that I last saw him alive on March 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Due to Liver failure

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

Major findings: Of operations _____
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) _____
(d) 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 0

23. Signature J. W. Bingham (M. D. or other) _____
Address Waynesville, Mo. Date signed _____

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. 8.

District File Number 447185

Date Filed 4-9-47

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} ~~myself~~

Seldon T. Duncan, Registered Apprentice No. 390
working under my personal supervision.

Signed Hal Homburg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.