

3. No. 2
12-45
5-17-39
1 X47070

FILED JUN 12 1947

Registration District No. _____

Primary Registration District No. **3000**

Registrar's No. **157**

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

1. PLACE OF DEATH:

(a) County **Madison**

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

(c) Name of hospital or institution: **Smith - Smith**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days)

In this community **6** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Madison**

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

(d) Street No. **607 E. Fillmore St**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Sarah M. C. Powell**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **Robert E.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec. 22 - 1858**
(Month) (Day) (Year)

8. AGE: Years **88** Months **5** Days **5** If less than one day hr. min.

9. Birthplace **Macon Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **Olvid Griffith**

13. Birthplace **Macon Co. Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Melissa Burton**

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. P. C. Bowling**

(b) Address **Kirksville Mo**

17. (a) **Burial** (b) Date thereof **5-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Park**

18. (a) Signature of funeral director **Summer K. Pugh** (Specify type of place) (e) Means of injury _____
(b) Address **Kirksville Mo.**

19. (a) **6-3-47** (b) **W. Lambert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **27** year **1947** hour **7** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 26** 19 **47** to **May 27** 19 **47**
that I last saw her alive on **May 27** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cause of liver (primary)** **1 year**
Duration

Due to _____

Due to _____

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

Major findings: **46P**

Of operations _____

Of autopsy _____

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? _____

(e) Means of injury _____

23. Signature **W. Lambert** (M. D. or other) **MD**

Address **Kirksville, Mo** Date signed **5/27/47**

RECEIVED
District Health Officer No. 10
District No. 6-47-672
Date Filed - JUN - 9 - 1947

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

James J. Taylor
working under my personal supervision.

Registered Apprentice No. 436

Signed

W. C. Summer

Licensed Embalmer No.

2159

P. O. Address

Richville 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.