

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39208
Registrar's No. 49

Registration District No. 277 Primary Registration District No. 4411

1. PLACE OF DEATH:
(a) County PIKE
(b) City or town BOWLING GREEN, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
95 COURT STREET 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community ONE DAY
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County PIKE 82
(c) City or town LOUISIANA
(If outside city or town limits, write "RURAL")
(d) Street No. 110 1/2 N FOURTH ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BUFORD CHARLES POWELL
3. (b) If veteran, name war NO
3. (c) Social Security No. 489-07-7374

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 31
year 1947 hour 2 minute 10 P M.
21. I hereby certify that I attended the deceased from
10-2-47 1947 to 10-2 1947
that I last saw him alive on 10-2-47 1947
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HELEN MAUDE POWELL
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased JAN 8 1911
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis 15 Months
Duration _____

8. AGE: Years Months Days If less than one day
36 9 23 hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 948
Of autopsy _____

9. Birthplace MONTGOMERY CITY, MO.
(City, town, or county) (State or foreign country)
10. Usual occupation STORE MANAGER

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

11. Industry or business GROCERY STORE
12. Name CHARLES C POWELL
13. Birthplace MO.
(City, town, or county) (State or foreign country)
14. Maiden name MATTIE SUMMERS
15. Birthplace MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Powell
(b) Address Bowling Green, Mo.
17. (a) REMOVAL (b) Date thereof NOV 1 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MONTGOMERY CITY, MO.

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? _____

18. (a) Signature of funeral director J. O. Mudd
(b) Address Bowling Green, Mo.
19. (a) 11-3-47 (b) Bill Robinson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury 2
23. Signature J. A. Walker (M. D. or other) WEO
Address Bowling Green Mo. Date signed 10-7-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

File Number 11-47-1575

Date Filed NOV 18 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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.