

S. No. 2  
4-5-43  
5-17-39  
X386671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18552**

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 221

1. PLACE OF DEATH:  
(a) County Adair  
(b) City or town Kirkville mo  
(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  
In this community Two weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Schuyler 98  
(c) City or town Downing mo 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. C 1  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

3. (a) PRINT FULL NAME Mary 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 — 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased: — (Month) 1856 (Day) — (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 26<sup>th</sup> year 1948 hour 8:00 minute — P.M.  
21. I hereby certify that I attended the deceased from June 13<sup>th</sup> at 10:00 AM 1948 to June 26<sup>th</sup> 9:00 AM 1948 that I last saw her alive on June 26<sup>th</sup> 1948 and that death occurred on the date and hour stated above.

8. AGE: 92 Years — Months — Days If less than one day — hr. — min.

Immediate cause of death: Vasomotor collapse 24 hr  
circulatory failure  
Due to Myocardial failure years  
Due to Rheumatic heart disease years  
Other conditions (Include pregnancy within 3 months of death) —

9. Birthplace — (City, town, or county) 9 (State or foreign country)  
10. Usual occupation Housekeeper  
11. Industry or business —  
MOTHER FATHER { 12. Name — 9  
13. Birthplace — (City, town, or county) (State or foreign country)  
14. Maiden name —  
15. Birthplace — (City, town, or county) (State or foreign country) 9  
16. (a) Informant Electa Powell  
(b) Address Lawrence mo  
17. (a) Burial (b) Date thereof 6-28-48 (Month) (Day) (Year)  
(c) Place: burial or cremation Shrine Grove  
18. (a) Signature of funeral director Floyd Vance  
(b) Address Downing mo  
19. (a) 7-3-48 (Date received local registrar) (b) Mate Lambert (Registrar's signature)

Major findings: Of operations —  
Of autopsy 93B  
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 2  
23. Signature M. T. Huttenbach (M. D. or other) DO  
Address 6-26-48 Kirkville mo

Duration  
24 hr  
years  
years  
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. 10

District File Number 7-48-10

Date Filed JUL 7 - 1948

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 me

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

Signed Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Downing 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.**