No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

Registration District No. 750

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

26742

State File No.

Primary Registration District No. 5572

Registrar's No. 159

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prarie (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County E. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days. (Specify whether
In this community 1 year. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Grandview Mo. (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Benjamin Powell
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Male 0
5. Color or race Wh.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 21 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	4	24	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business

FATHER
12. Name Johnthan Powell
13. Birthplace Tenn. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Elizabeth Laffoon
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Inez Powell
(b) Address Grandview Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 17-1948 (Month) (Day) (Year)
(c) Place: burial or cremation West Union Mo.
18. (a) Signature of funeral director Geo E. Myers
(b) Address Cleveland Mo.
19. (a) Aug. 16, 1948 (Date received local registrar) (b) Donald C. Eisenhaw (Registrar's signature) 378

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15 year 1948 hour 8 minute 25 P.M.

21. I hereby certify that I attended the deceased from 8-11-48, 19..., to 8-15-48, 19...; that I last saw ~~him~~ alive on 8-14-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	3 days
Due to Hypertension	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operation None	
Of autopsy	

PHYSICIAN

Underline the cause of 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 None
(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? (Specify type of place)
Write at work (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 374 Prof Bldg Date signed 8/17/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Geo E. Myers

Licensed Embalmer No. 2817

P. O. Address Cleveland 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.