

FILED JAN 22 1949

State File No. _____

Registration District No. 260

Primary Registration District No. 3041

Registrar's No. 423

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon
(c) City or town Macon
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Myrtle Powell
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ben O. Powell
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Mar. 23 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>8</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace Macon Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____
12. Name Pettus Powell
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Celia Green
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ben O. Powell
(b) Address Macon, Mo.

17. (a) Burial (b) Date thereof Dec. 1 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood, Macon, Mo.

18. (a) Signature of funeral director Robert Hunter
(b) Address Macon, Mo.
19. (a) Jan 16-49 (b) Pull M. Reely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1948 hour 7:45 minute P.M.
21. I hereby certify that I attended the deceased from Oct 1 - 1948
1948 to Nov 29 1948
that I last saw h. W alive on Nov 29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Thrombosis Duration 59 days
Due to General Arterio-sclerotic 5 yrs.
cupar renal disease or more
Due to _____

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

Major findings:
Of operations 442
Of autopsy _____
PHYSICIAN _____
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? _____

23. Signature M. Brownway (M. D. or other) _____
Date signed 1-12-49
While at work? _____ (Specify type of place) (e) Means of Injury _____

RECEIVED

District Health Officer No. 10

District File No. 149-12

Date Filed JAN 21 1949

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 Alber Jensen

Licensed Embalmer No. 769

P. O. Address Maam M

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.