V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25588

FILED JUL 31 1944

Registration District No. 3066 Primary Registration District No. 3066 Registrar's No.

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

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Farmington
(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 56 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Francois
(c) City or town Farmington - Rt 2
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife L.A. Powell
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Nov (Month) 13 (Day) 1887 (Year)

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace FARMINGTON, R. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Home Maker
11. Industry or business

MOTHER FATHER
12. Name J C MEYER
13. Birthplace FARMINGTON, R.0 (City, town, or county) (State or foreign country)
14. Maiden name MINNIE Hildebrecht
15. Birthplace DOE RUN MO 0 (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Ragsdale
(b) Address Farmington Mo R.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation Park View
18. (a) Signature of funeral director Cozean Funeral Home
(b) Address Farmington Mo
19. (a) 6-16-44 (Date received local registrar) Donnell Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1944 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 1, 1944, to June 15, 1944
that I last saw h alive on June 16, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of liver.	1 yr.
Due to: 46	
Due to: Cholelithiasis.	3 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma of liver + Cholelithiasis.	PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dea R Watkins (M. D. or other)
Address Farmington Mo Date signed 6-16-44

1373

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 244-4624

Date Filed 2-28-44

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.....

Licensed Embalmer No. 4084

P. O. Address.....

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.