

FILED JAN 20 1947  
Registration District No. 171

Primary Registration District No. 3040

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
319 Washington  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days) 4 years.

In this community 4 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")

(d) Street No. 319 Washington Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Clarence Faus Powelson

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances Lillian Powels 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased December 8 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>1</u>	<u>0</u>	hr. min.

9. Birthplace Carroll County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business.....

12. Name Issac F. Powelson

13. Birthplace West Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Shanholtzer

15. Birthplace West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances Powelson

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 1-10-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) Jan-9-47 (b) Thomas B. Neill  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th  
year 1947 hour 9 minute 05 A. M.

21. I hereby certify that I attended the deceased from April 1 1946 to Jan 8 1947  
that I last saw him alive on Jan 8 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach Duration 1 year

Due to.....  
Due to.....

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

Major findings: 46 B  
Of operations.....

Of autopsy.....

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.....

23. Signature R. Collier, M.D. (M. D. or other) 0  
Address Chillicothe Mo Date signed 1/9/47

APR 25 1949

MAY 13 1955

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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 Elton J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.