

The Irvine Times - June 9, 1950

**MRS. A. D. POWELL, 77,  
PASSES AWAY JUNE 1**

Mrs. Mary Jane Powell, 77, died at the home of her son, Russell Powell, on Broadway in Irvine, Sunday June 1, at 10:30 P. M. She was the wife of the late A. D. Powell, former circuit clerk of Eschscholtz County.

She is survived by one son, Russell Powell, Irvine, and two stepsons, A. O. Powell, Cincinnati, Ohio, and Otis Powell, Irvine; one step-daughter, Mayme Powell Broadbuss, Irvine; one sister, Mrs. W. D. Conaster, Dallas, Texas; three brothers, Walker Horn, Galveston, Texas; Robert Horn, Hubbard City, Texas, and James Horn, Shawnee, Okla.; 17 grandchildren and 17 great-grandchildren.

Funeral services were held at First Baptist church, Irvine, Saturday at 3:30 P. M. (CSDT) conducted by Rev. J. C. Stephens; assisted by Rev. Walter Crouch. Burial was in Oakdale cemetery.

Active pallbearers were: Alven Powell, Earl Broadbuss, Wayne Powell, Frank Witt, Pearl Watson, and Weldon Moore. Honorary pallbearers were: R. E. West, Ed Hester, Herman Masters, Vardaman Masters, W. L. McIntire, Ancil Powell, Alex Manson, T. J. Reynolds, Lawrence Williams and Lee Witt.

Powell, Mary Jane Horn 1873 - 1950

Form V. 8. 1-4  
**FEDERAL SECURITY AGENCY**  
**U. S. PUBLIC HEALTH SERVICE**  
**NATIONAL OFFICE VITAL STATISTICS**

**COMMONWEALTH OF KENTUCKY**  
 Department of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

FILE NO. **116**  
 REGISTRAR'S NO. **54**

Registration District No. **445** Primary Registration District No. **2160**

**50 11673**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Estill</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived or institution; residence before death) a. STATE <b>Ky</b> b. COUNTY <b>Cassell</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Irwin</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Irwin</b>		d. STREET ADDRESS (If rural, give location) <b>Broadway</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Broadway</b>					
<b>3. NAME OF DECEASED</b> a. (First) <b>Mary Jane</b> b. (Middle) <b>Powell</b> c. (Last) <b>Powell</b>			4. DATE OF DEATH (Month) <b>June</b> (Day) <b>19</b> (Year) <b>1950</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>11/31/1873</b>		9. AGE at death Years <b>77</b> Months <b>19</b> Days <b>19</b> Hours <b>19</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Ky</b>
12. FATHER'S NAME <b>John Horn</b>			13. MOTHER'S MARRIAGE NAME <b>Nancy Devlin</b>		
16. WAS RELEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service) <b>No</b>			14. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs Russell Powell</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Leukemia</b>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Leukemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>18 mo.</b>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>2044-622-14</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <b>June 1950</b> to <b>June 1950</b> , that I last saw the deceased alive on <b>June 1, 1950</b> , and that death occurred at <b>5:15 p.m.</b> , from the causes and on the date stated above.					
23a. DATE SIGNED <b>6-13-50</b>		23b. ADDRESS <b>Irwin, Ky</b>		23c. SIGNATURE <b>Virginia Callahan, M.D.</b> (Degree or title)	
24a. BURIAL CREMATION REMOVAL (Specify) <b>Cremial</b>		24b. DATE <b>1/3/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Dale</b>	
24d. LOCATION (City, town, or county) (State) <b>Irwin, Ky</b>		25a. DATE REC'D BY LOCAL REG. <b>6-14-50</b>		25b. REGISTRAR'S SIGNATURE <b>Virginia Callahan</b>	
25c. FUNERAL DIRECTOR <b>J. E. Lewis</b>		25d. ADDRESS <b>Irwin, Ky</b>			