

REC'D JAN 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41881

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Law Primary Registration District No. 1002
(c) City Kansas City (d) Street No. Wheatley Prox Hosp Registered No. 4947 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

H.B.D. Estelle Smith Powell
(a) Residence, No. 1018 Virginia St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virgil Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. of min.
51 5 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo.

FATHER 13. NAME Tony Higgins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo.

MOTHER 15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo.

17. INFORMANT (ADDRESS) Sarah Clark 1018 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE Nighland DATE 12/22 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hatkins Bros 1729 Lydia

20. FILED Dec 20 38 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1938, to Dec 17 1938

I last saw her alive on Dec 16 1938. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset 12-11-38
Notar
108

Other contributory causes of importance:

Broncho pneumonia 11-13-
Arthritis Deformans

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Eugene P. Chatman M. D.

(Address) 2200 E. 18th St.

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,

T. B. Watkins

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

T. B. Watkins

Licensed Embalmer No. *2889*

P. O. Address *1729 Lyden*

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, above space should be left blank.