

1939 MAR 9

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

5708
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. Ellison Hotel 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 John T. Powell
(a) Residence, No. Ellison Hotel 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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2-27-39</u>	19
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret C. Powell</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>19</u> to <u>19</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 21 1877</u>					Last saw <u>live on</u> 19	
7. AGE	YEARS <u>60</u>	MONTHS <u>5</u>	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.	Death is said to have occurred on the date stated above, at <u>12:00 P.M.</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. <u>Owner</u>				Principal cause of death and related causes of importance were as follows: <u>Coronary occlusion</u> <u>Acute coronary occlusion</u> <u>Acute pulmonary edema</u> Other contributory causes of importance: <u>948</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Mens Furnishings</u>					
	10. Date deceased last worked at this occupation (month and year) <u>Shop</u> . Total time (years) spent in this occupation.					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>					Date of onset	
FATHER	13. NAME <u>No Record</u>				Name of operation	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>				Date of	
MOTHER	15. MAIDEN NAME <u>Hannah Donohue</u>				What test confirmed diagnosis? Was there an autopsy? <u>Yes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>				23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicidal. 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.	
17. INFORMANT <u>Lina Margaret C. Powell</u> (ADDRESS) <u>Ellison Hotel</u>					Manner of injury	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>3/1/39</u> 19					Nature of injury	
19. FUNERAL DIRECTOR (NAME) <u>Quirk & Tobin Co.</u> (ADDRESS) <u>Kansas City Mo.</u>					24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u>	
20. FILED <u>2/28</u> 19 <u>39</u> <u>M. M. Croine</u> Local Registrar.					(Signed) <u>W. J. ...</u> M. D. (Address) <u>Law Dept; K.C. Mo</u>	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

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, above space should be left blank.