

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

24537
 Do not use this space.

Registered No. 2750

1. PLACE OF DEATH

(a) County..... Jackson, 2 Registration District No. 395
 (b) Township..... Kaw, Primary Registration District No. 1002
 (c) City..... Kansas City, Mo. (d) Street No. 4330 Belleview 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

620 William Bryan Powers,
 (a) Residence, No. 4330 Belleview, St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gladys Powers,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/14/1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 7 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steam Fitter.
 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) Kentucky, 1

FATHER 13. NAME Hiram Powers, 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colorado. 9

MOTHER 15. MAIDEN NAME Unknown,
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

17. INFORMANT (ADDRESS) Mrs. Gladys Powers,
4330 Belleview, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Pk. DATE 7-8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure,
3235 Gillham Plaza, K. C., Mo.

20. FILED July 8, 1939 M. M. Crome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1939.

22. HEREBY CERTIFY, That I attended deceased from

I last saw Deputy Coroner, 19..... Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Coronary sclerosis
but coronary occlusion

Other contributory causes of importance: 946

Name of operation Date of operation
 What test confirmed diagnosis? Was there an autopsy? Yes

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?
 If so, specify

(Signed) Deputy Coroner, M. D.

(Address) K. C., Mo.

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. 1410

P. O. Address 1500 21st Ave

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.