

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

35052
 Do not use this space.

NOV 14 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1007 Registered No. 4027
 (c) or City Kansas City, Mo. (d) Street No. St. Luke's Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mrs. Betty M. Powell, 407
 (a) Residence, No. Macon, Mo. 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles A. Powell</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 9, 1888</u> | | | | |
| 7. AGE | YEARS <u>51</u> | MONTHS <u>0</u> | DAYS <u>10</u> | If LESS than 1 day,hrs. ormin. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Sup't. of Schools</u> | | | |
| | 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) <u>Missouri</u> | | | | |
| FATHER | 13. NAME <u>James H. McCutchen</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Mary Bevans</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | | | |
| 17. INFORMANT (ADDRESS) <u>Mary McCutchen, Fayetteville, Arkansas.</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Macon, Mo.</u> DATE <u>10-20</u> 19 <u>39</u> | | | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Stine & McClure, 3235 Gillham Plaza, K. C., Mo.</u> | | | | |
| 20. FILED <u>10/20/39 M. M. Brown</u> Local Registrar. | | | | |

| MEDICAL CERTIFICATE OF DEATH | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>October 19, 1939</u> | |
| 22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 15th, 1939, to Oct 18, 1939</u> I last saw he alive on <u>Oct 18, 1939</u> . Death is said to have occurred on the date stated above, at <u>5:30 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Cerebr. retroperitoneal. Non malignant operation for the removal of Oct 18, 39.</u> <u>Circulatory collapse - with partial collapse of one</u> Other contributory causes of importance: <u>Excision Tumor</u> Name of operation <u>Excision Tumor</u> Date of <u>Oct 18, 39</u> What test confirmed diagnosis? Was there an autopsy? <u>yes</u> 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 <u>None</u> (Signed) <u>Tom S. Liles</u> M. D. (Address) <u>807 Argyle Bldg. H. B. Mo.</u> | |

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16605

Dr. Terry Lilly

09/18 Bldg. VI. 9670

2:00 - 5:00

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.....

Reverey Towner

Registered Apprentice No. *222*

working under my personal supervision.

Signed *E. M. Planch*

Licensed Embalmer No. *1848*

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.