

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 622 So. Hardisty 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, write street number or location
In this community 3 years. (Specify whether years, months or days)

8. (a) PRINT FULL NAME MADeline L. BEARD

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Dec. 14 1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 0 Days 3 If less than one day hr. _____ min.

9. Birthplace Seabok Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name Daniel S. Powell
13. Birthplace Memphis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Jessie M. Baker
15. Birthplace Albake Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie M. Powell

(b) Address 145 East Lexington

17. (a) Daniel (b) Date thereof 12/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director George C. Larson

(b) Address Independence Mo.

19. (a) Dec. 20, 1940 (Date received local registrar) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 622 So. Hardisty
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec. day 17
year 1940 hour 4:10 minute P. M.

21. I hereby certify that I attended the deceased from Jan 30 to Dec 13, 1940
that I last saw her alive on Dec 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Fatty Degeneration of heart Duration _____

Due to nephritis, chronic

Due to _____ 31

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
361 ✓

While at work? ✓ (Specify type of place) (e) Mode of injury _____

23. Signature Helena E. ... (M. D. or other) _____

Address 708 E 13th Date signed 12/18/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

until 11:30

Dr. Helman to my
708 E. 13 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, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Ralph E. Miller

Licensed Embalmer No. _____

4124

P. O. Address _____

Independence, Mo.

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.