S. No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37277

Registration District No. DEC 22 1941 399

Primary Registration District No. 1002

Registrar's No. 4071

048
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8

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0 St Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 2620 Mersington 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mr Michael J. Powers

3. (b) If veteran, name war None

3. (c) Social Security No. 702-12-3346

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Powers

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November (Month) 1 (Day) 1872 (Year)

8. AGE: Years 68 Months 11 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

10. Usual occupation Retired Enginer

11. Industry or business K.C. Southern

FATHER
12. Name John Powers
13. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Sarah Dillon
15. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs Margaret Powers
(b) Address 2620 Mersington City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary'S Cemetery

18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Missouri

19. (a) 11-1-41 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31 year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-17-41, 19..., to 10-31-41 that I last saw him alive on 10-31-41 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Arteriosclerosis Chronic myocarditis

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

Major findings:
Of operations ✓

Of autopsy ✓

93D

Duration

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) no
(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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature W P Mills (M. D. or other) 0
Address 800 Argyle Date signed 11-1-41

(Licensed Embalmer's Statement on Reverse Side)

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. 2999 KC

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.