

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4332 Penn
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)
 In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4332 Penn
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country U.S.

3. (a) PRINT FULL NAME Alice Powell
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 4th
 year 1942 hour 7 minute 50 A. M.

4. Sex Fe 5. Color or race Col
 6. (a) Single, Married, Married, divorced.
 6. (b) Name of husband or wife Samuel Powell
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased: May 15 1880
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-23 1941 to 3-4 1942
 that I last saw her alive on 3-4 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 9 Days 19
 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage 9 hrs.
 Due to Essential Hypertension

9. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housework

Due to 83a!
 Other conditions ✓
 (Include pregnancy within 3 months of death)

11. Industry or business Nicholas Warfield
 12. Name Nicholas Warfield
 13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Samuel Powell
 (b) Address 4332 Penn
 17. (a) burial (b) Date thereof 3/7/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Cemetery
 18. (a) Signature of funeral director: Jackson Bros
 (b) Address 1729 Lydia
 19. (a) 3/7/42 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address 907 N. 7th St. Date signed 3-6-42

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

MOTHER FATHER

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 *Isaac Jerome Manlove*
Licensed Embalmer No. *9995*
P. O. Address *2503 Highlens*

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, fact should be so stated above.