V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13505

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1601

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

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 37 yrs.

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. 3325 Forest
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Eva Powell
3. (b) If veteran, name war: No
3. (c) Social Security No. None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Henry W.
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: Aug 4, 1874 (Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 17 If less than one day hr. min.

9. Birthplace: Newark (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: Homemaker
11. Industry or business: At home
FATHER
12. Name: Thos. Phillips
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Cass
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: W. H. Powell
(b) Address: 3325 Forest
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: W. H. Blackmer
(b) Address: K.C. Mo.
19. (a) 4-23-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st year 1942 hour 8 minute 45 P. M.
21. I hereby certify that I attended the deceased from 4-15-42 19__ to 4-21-42 19__
that I last saw her alive on 4-21-42 19__
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic glomerular nephritis; Cerebral Hemorrhage — Duration
Due to: 131 B
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: See above

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Henry R. Thom (M. D. or other)
Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed
Address

(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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address R. C. 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, fact should be so stated above.