

S. No. 2
M-2.43
5-17-39
1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30910

FILED OCT 13 1943 149

State File No. 4132
Registrar's No.

Registration District No. Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 623 Euclid Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Year (Specify whether years, months or days)
In this community 1 Unknown

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. 623 Euclid (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

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

4. Sex Male 5. Color or Race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 79? Months Days If less than one day hr. min.

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

10. Usual occupation Unknown-Retired

11. Industry or business -

12. Name Unknown

13. Birthplace " (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth McMahan

(b) Address 623 Euclid

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 28, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery, Independence

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 9-29-43 (Date received local registrar) (b) J. E. Brown, Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1943 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 9/20/43 19: to 19: that I last saw him alive on 9/26/43 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis with failing compensation
Due to arteriosclerosis and hypertension
Due to

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

Major findings: Of operations 93d.

Of autopsy

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 J. E. Gillum, D.O. (D. or other)

Address 720 Bryant Bldg. Date signed 9/27/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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(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.....

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, fact should be so stated above.