

No. 2
-5-42
5-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3873
Registrar's No. 78

FILED DEC 6 1943
Registration District No. 73

Primary Registration District No. 5291

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Rural Liberty Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 1/2 Miles N-E of Liberty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hiway 69
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Crawford
(c) City or town Mulberry
(If outside city or town limits, write "RURAL")
(d) Street No. 1214 Military
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Guy W. Powell
3. (b) If veteran, name war No
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 4th
year 1943 hour 3 minute 30 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gladys May Powell
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased July 8 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death accident caused by his own negligence Duration _____

8. AGE: Years 64 Months 7 Days 8 If less than one day hr. _____ min. _____

Due to collision between a truck & Chevy Coach
Due to _____

9. Birthplace Lees Summit Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Common case 1700

10. Usual occupation Electrician
11. Industry or business Pratt & Whitney

Major findings: Of operations _____
Of autopsy _____

12. Name William A Powell
13. Birthplace Reynoldsburg Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Laura Beckham

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

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

16. (a) Informant Gladys May Powell
(b) Address 9027 Mansfield St Mo
17. (a) Burial (b) Date thereof Nov 7 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 0:14
(b) Date of occurrence 11-4-1943 about 4:30 PM
(c) Where did injury occur? 69-Hiway 2 mi. N Liberty Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place Hiway
While at work? _____ (e) Means of injury 3

(c) Place: burial or cremation Greenwood, K.C. Mo.
18. (a) Signature of funeral director O. G. Gander
(b) Address 119 E Franklin St Liberty, Mo.
19. (a) Nov. 5 - 1943 (b) Helen Early
(Date received local registrar) (Registrar's signature)

23. Signature R. W. Cochrane (M. D. or other) 3
Address Yulee Springs, Mo Date signed 11-5-43

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

MOTHER FATHER

926 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-3-53

JUL 31 1953

OCT 23 1957

DEC 2 1943

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

J. Gardner

Licensed Embalmer No.

3934

P. O. Address

Liberty 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.