

FILED APR 15 1944

State File No. _____

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 1518

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: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 HOURS
(Specify whether years, months or days)
In this community 26 YEARS

3. (a) PRINT FULL NAME MRS. MARCELLA MERRILL POWELL

3. (b) If veteran, name war No
3. (c) Social Security No. 486-02-2084

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. HORIATO POWELL 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased SEPTEMBER 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 24 If less than one day hr. min.

9. Birthplace NORTH MANCHESTER INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation SECRETARY

11. Industry or business MIDLAND TILE & TIMBER CO.

12. Name HERBERT SMITH MERRILL

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

14. Maiden name LONE WENTON

15. Birthplace NORTH MANCHESTER INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. LISBETH HEYWOOD

(b) Address TOPEKA, KANSAS

17. (a) BURIAL (b) Date thereof APRIL 5 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TOPEKA, KANSAS

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-5-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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. 1328 EAST ARMOUR BLVD.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 2RD year 1944 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-2-44 to 4-2-44, 1944, that I last saw her alive on 4-2-44, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid Hemorrhage (large) Duration 5 hrs

Due to Hypertension?

Due to 870

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Subarachnoid Hemorrhage; large

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no accident

(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? Industrial

While at work? (Specify type of place) (e) Means of injury

23. Signature H. A. Owens (M. D. or other) MD

Address 1094 Prairie Date signed 4-3-44

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.....

Licensed Embalmer No. *4043*

P. O. Address *R. C. Moore*

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.