

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

**FILED FEB 14 1945**  
 Registration District No. **149**

Primary Registration District No. **1002**

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: **Nora-Rae Restorium**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**  
(Specify whether years, months or days)

In this community **Lifetime - 70 years**

**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. **1825 Washington**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country. \_\_\_\_\_

**3. (a) PRINT FULL NAME** **John 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 **Single**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive **1872** years

7. Birth date of deceased: **October 8 1874**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>70 72</b>	<b>3</b>	<b>21</b>	_____ hr. _____ min.

9. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired-Formerly Water Tender**

11. Industry or business **K.C. Water Department**

**MOTHER FATHER**

12. Name **James Powell**

13. Birthplace **County Claire Ireland**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ellen Ford**

15. Birthplace **County Claire Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Nellie Powell**

(b) Address **1825 Washington**

17. (a) **Burial** (b) Date thereof **1-31-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's Cemetery**

18. (a) Signature of funeral director: **J. J. Powell**

(b) Address **3256 Broadway**

19. (a) **1-31-45** (b) **T. E. Brown**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **January** day **29**  
 year **1945** hour **10** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Sept 29 1945**  
 that I last saw him alive on **Jan 25 1945**  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary embolism** Duration **4 day**

Due to \_\_\_\_\_

Due to **Recurrent right arm and lower limb (n.m.o.)** **Eyes**

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: \_\_\_\_\_

Of operations: **108**

Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature: **J. J. Powell** (M. D. or other) **MD**

Address **1708 W 17th** Date signed **1/30/45**

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**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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address R. C. M. O.

**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.**