

No. 2  
M-5-43  
5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1684

FILED JAN 31 1946

Primary Registration District No. 1002

Registrar's No. 103

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: North East Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
In this community 6 days  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Shirley Kay Powell

3. (b) If veteran, name war no  
3. (c) Social Security No. no

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive years

6. (b) Name of husband or wife

7. Birth date of deceased Dec 31 - 1945  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 6 hr. min.

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

10. Usual occupation Infant

11. Industry or business

12. Name John E. Powell

13. Birthplace Tex 1 (City, town, or county) (State or foreign country)

14. Maiden name Pearl Stephens

15. Birthplace Idaho 1 (City, town, or county) (State or foreign country)

16. (a) Informant John E. Powell

(b) Address 5612 Saida

17. (a) Burial (b) Date thereof Jan 8 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Green Lawn

18. (a) Signature of funeral director: W. R. Foster  
(b) Address 918 Brooklyn

19. (a) 1-8-46 (b) Stralaine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5612 Saida 8  
(If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5  
year 1946 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from Dec 31 1945 to Jan 5 1946  
that I last saw her alive on Jan 5 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital heart enlargement  
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)  
1572

Major findings: Of operations

Of autopsy

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?

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

23. Signature J. J. Coak (M. D. or other) 2 DO  
Address 5602 St. John Date signed 1/6/46

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

1191

*RE 34774*  
*Ch. 11802*  
*5982 St. John*  
*St. John & Beaman*

**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 *Portland Miner*.....

Licensed Embalmer No. *3414*.....

P. O. Address *918 Broadway*.....

**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.**