S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1946

State File No. 23724

Registrar's District No. 177

Primary Registration District No. 1002

Registrar's No. 3050

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: 4544 Washington Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 Years
years, months or days)

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. 4544 Washington Street 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME MRS. HAZEL I. MORGAN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife James L. Morgan

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May (Month) 15th (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	1	27	..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Charles B. Powell
13. Birthplace ..... (City, town, or county) Maryland / (State or foreign country)

MOTHER
14. Maiden name Charlotte Sherman
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mr. James L. Morgan /

(b) Address 4544 Washington Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 15 - 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street, Kansas City, Mo.

19. (a) 7-12-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 1945 ....., 19..., to ....., 19...; that I last saw her alive on July 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Carcinoma of Breast
(Type unknown) Removed about 6 yrs ago

Due to Metastasis to Bones

Due to chest

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

Major findings:
Of operations 50

Of autopsy no

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. J. Farnsworth (M. D. or other) 0

Address 1403 Grand Date signed 7/12/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. J. Farnsworth
730 Prof. Bldg - From 2:00 to 4:30

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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address N. C. 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.