

S. No. 2
M-8-43
7-5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27312
Registrar's No. 3748

FILED SEP 14 1946

Registration District No. 149 Primary Registration District No. 1005

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: Menorah
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)
In this community 74 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 117 N. Topping
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James J. Powers
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 29
year 1946 hour 5³⁵ minute a M.
21. I hereby certify that I attended the deceased from Coroner, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nannie 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 12, 1872
(Month) (Day) (Year)

Immediate cause of death: Bilateral confluent Bronchopneumonia with Lung gangrene
Due to
Due to
Other conditions:
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
74 0 19 hr. min.

Major findings: Of operations
Of autopsy yes - as above
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Railroad Boilermaker

11. Industry or business C.M. & St.P

MOTHER, FATHER { 12. Name Patrick Powers
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) - Informant Velma Duroy
(b) - Address 117 N. Topping

17. (a) Burial (b) Date thereof Sept. 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn-Independence

18. (c) Signature of funeral director: C.H. BLACKMAN, SONS, INC.

(b) Address H-C. Box

19. (a) 8-31-46 (b) St. Pauline Holmes
(Data received local registrar) (Registrar's signature)

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)
(c) Means of injury
23. Signature James Walker (M. D. or other) Coroner
Address 1429 1/2 Ave. S.W. Date signed 8-31-46

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

26152

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. D. Blackman*
Licensed Embalmer No. *3639*
P. O. Address *J. 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.