

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 13 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40792

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5534

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:  
Jordan Rest Home 4  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 1/2 Months  
(Specify whether years, months or days)  
 In this community Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3420 Benton Blvd.  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Catherine Powell

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 Widowed

6. (b) Name of husband or wife Frank Powell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 27 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Glascow Scotland  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

12. Name James Haggerty

13. Birthplace Tirone Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Winifred Maher

15. Birthplace County Clair Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Winifred Purdome

(b) Address 3346 Benton Blvd., K.C., Mo.

17. (a) Burial (b) Date thereof 1-2-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 12-31-46 (b) Thereldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30<sup>th</sup>  
 year 1946 hour 6:15 minute 9 A. M.

21. I hereby certify that I attended the deceased from Jan 1,  
1944 to Dec. 30, 1946  
 that I last saw her alive on Nov 10, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Insufficiency  
 Due to Senility  
Chronic P. A. B. disease 2 yr  
 Due to Chronic Hypertension 2 yr +

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

Major findings: \_\_\_\_\_  
 Of operations: 131a  
 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)  
 \_\_\_\_\_ Mean of injury \_\_\_\_\_

23. Signature W.C. Stanley (M. D. or other) \_\_\_\_\_  
 Address 1022 Angyle St. Date signed 12-31-46

**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.....

2929

P. O. Address.....

15 C

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**