

**FILED DEC 19 1946**

Registration District No. **179**

Primary Registration District No. **1001**

Registrar's No. **5083**

**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: Northeast Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community 23 years  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1348 South Main  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** MARY VIOLA POWELL  
3. (b) If veteran, name war None  
3. (c) Social Security No. 492-18-7438

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Robert B. Powell, Jr  
6. (c) Age of husband or wife if alive 23 years  
7. Birth date of deceased February 26th 1923  
(Month) (Day) (Year)

**8. AGE:** Years 23 Months 9 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

**MOTHER FATHER** { 12. Name James D. Rose  
13. Birthplace Layonne, Kansas  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ruth Thelma Wheeler  
15. Birthplace Moberly, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert B. Powell, Jr.  
(b) Address 1348 South Main

17. (a) burial (b) Date thereof 12-3-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Hill Cem.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Missouri

19. (a) 12-3-46 (b) Steldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 1st  
year 1946 hour One minute P. M.

21. I hereby certify that I attended the deceased from 11 - 28, 1946, to 12 - 1, 1946  
that I last saw her alive on 12 - 1, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac and respiratory failure due to Medullary Tumor.

Due to Subarachnoid hemorrhage.

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

Major findings: Of operations 830

Of autopsy Subarachnoid hemorrhage.

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 2

23. Signature A. J. Gentry (M. D. or other) 20  
Address 3901 E. Broadway Date signed 12-3-46

**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, ~~by~~.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*R. A. Lisle*

Licensed Embalmer No.....

*4123*

P. O. Address.....

*Independence, 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.**