

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40987

State File No. _____

FILED JAN 15 1947

Primary Registration District No. 5572

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Jackson Died in car near Rural Cr.
(b) City or town Lee Summitt on way to SpgField. MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 yrs (Specify whether)
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. 681 Euclid **8**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Wave D. Powell

3. (b) If veteran, name war No

3. (c) Social Security No. ?

4. Sex Male **0**

5. Color or race White

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

6. (b) Name of husband or wife Marie E. Powell

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct-4 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 2 9 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name William H. Powell

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

14. Maiden name Amanda McCoy

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

16. (a) Informant Glenn E. Powell

(b) Address 913 Holmes St.

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

(c) Place: burial or cremation Mountain View Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 12-19-46 (b) Donald C. Carver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1946 hour 11 minute 30 R.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Coronary thrombosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 99

Of autopsy Heart & 9 in water

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 0

23. Signature James C. Miller (M: D. or other) James
Address 1429 1/2 St Date signed 12-15-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Cothran Minor

Licensed Embalmer No.....

3414

P. O. Address.....

918 Brooklyn

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.