S. No. 2
—12-45
. 5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26882

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 985

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City ~~or town~~: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years 7 months (Specify whether years, months or days)
In this community 7 years 7 months

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.: Rural
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: SAMUEL J. POWERS.
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Dollie A. Powers
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 1 (Month) – 15 (Day) – 1872 (Year)

8. AGE: Years 75 Months 6 Days 29 If less than one day hr. min.
9. Birthplace: Independence (City, town, or county) Missouri (State or ~~foreign country~~)
10. Usual occupation: Farmer
11. Industry or business: Agriculture
MOTHER FATHER
12. Name: Patrick Powers
13. Birthplace: Independence (City, town, or county) Ireland (State or foreign country)
14. Maiden name: Mary Davenport
15. Birthplace: Independence (City, town, or county) Ireland (State or foreign country)
16. (a) Informant: Mrs. J. A. Ross.
(b) Address: Independence R.R.3 Box 147 Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cem. Independence Mo.
18. (a) Signature of funeral director: Geo. C. Carson Funeral Home
(b) Address: Independence, Missouri
19. (a) 8-18-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 14 year 1947 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from 2-11-, 1943 to 8-14-, 1947 that I last saw him alive on 8-14-, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	5 days.
Due to: Arterio Sclerosis	20 years.
Due to:	
Other conditions: Prostatitis (Include pregnancy within 3 months of death)	8 years

Major findings:
Of operations:
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: J. H. Waggoner (M. D. ~~or other~~)
Address: State Hospital No. 2 Date signed 8-15-47.
St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 R. D. 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.