

FILED JUN 1 1948

2111

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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: Lakeside Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4-21-48-5-17-48
(Specify whether
 In this community see above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Linn 999
 (c) City or town Pleasanton 14
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Georgia Powell
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 17
 year 48 hour 11 minute 34 P.M.
 21. I hereby certify that I attended the deceased from 4-21-48
 1948 to 5-17-48 1948
 that I last saw her alive on 5-17 1948
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife James Powell
 6. (c) Age of husband or wife if alive unk. years
 7. Birth date of deceased July 8th. 1888
(Month) (Day) (Year)

Immediate cause of death _____
Cerebral Hemorrhage
Anterior
 Due to _____
Non functioning infected
gall bladder.
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
59 10 09 hr. _____ min.
 9. Birthplace Boicourt Kansas
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

Major findings: Chronic Cholelithiasis
(stones)
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name John W. Witcher
 13. Birthplace Linn County Kansas
(City, town, or county) (State or foreign country)
 14. Maiden name Addie Gates
 15. Birthplace Boicourt Kansas
(City, town, or county) (State or foreign country)
 16. (a) Informant James R. Powell
 (b) Address Pleasanton, Kansas
 17. (a) Burial (b) Date thereof 5-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pleasanton, Kansas
Freeman Mortuary
 18. (a) Signature of funeral director Kansas City, Missouri
 (b) Address _____
 19. (a) 5-19-48 Deraldine Holmes
(Date 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?
(Specify type of place)
 While at work? _____ (e) Means of injury 2
 23. Signature L. J. Graber (M. D. or other) DO
 Address 1018 B. 1st City Date signed 5-18-48

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

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.