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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26711

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 259

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RR tracks, Main & Short Sts. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 615 S. Liberty 4
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Edward J. Powers

3. (b) If veteran, name war none

3. (c) Social Security No. 490 16 4256

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Sept. 6, 1906
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	11	25	..... hr. ..... min.

9. Birthplace Jackson County, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Trucker

11. Industry or business Self employed

FATHER
12. Name William Powers 0
13. Birthplace Independence, Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Keck 0
15. Birthplace Independence, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annie Powers Duff

(b) Address 615 S. Liberty, Independence, Mo.

17. (a) burial (b) Date thereof 9/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

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

(b) Address Independence, Mo.

19. (a) 9-1-48 (b) [signature] 554
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1948 hour 2:25 minute P M.

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

Immediate cause of death Shock
Traumatic Injury
Due to of Right Arm &
Due to Back.

Other conditions
(Include pregnancy within 3 months of death)
Railroad Trauma

Major findings:
Of operations Deputy Coroner
Of autopsy History & Inspection

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 8/31/48

(c) Where did injury occur? [illegible] (City or town) (County) (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? No (e) Means of injury Trauma

23. Signature C. E. Upshaw (M. D. or other) MD

Address 2800 Main Date signed 9/2/48

Jefferson City Printing Co. (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.....

Licensed Embalmer No.....

P. O. Address.....

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.