

No. 300
10-47
5-17-39
PI 3906

FILED OCT 29 1948
Registration District No. 149

Primary Registration District No. 1002

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

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:
GENERAL HOSPITAL #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days 11 hrs 30 min.
In this community 2 years
(Specify whether years, months or days)

3: (a) PRINT FULL NAME LILA POWELL

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex FEMALE 3

5. Color or race NEBRO

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

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

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

7. Birth date of deceased DECEMBER 28 1892 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>5</u>	<u>9</u>	<u>8</u> hr. <u>0</u> min.

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

10. Usual occupation HOUSE MAID

11. Industry or business

12. Name RAWLEY FERGUSON

13. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

14. Maiden name MOLLIE OLIVER
(City, town, or county) (State or foreign country)

15. Birthplace NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant AUNT: EVA STEWARD

(b) Address 1616 East 24th Street

17. (a) Removal (b) Date thereof 10-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address 400 W. Cooper St.

19. (a) 10-6-48 (b) Seraphine Holme
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 1616 East 24th Street
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 6th
year 1948 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from OCTOBER 2nd, 1948, to OCTOBER 6th, 1948, that I last saw her alive on OCTOBER 6th, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death PRIMARY BILE DUCT CARCINOMA

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 46F

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? (a) [Signature] (b) Means of injury Frank Ellis
(M. D. or other)

23. Signature [Signature] [Signature]
Address 600 East 22nd Street Date signed 10/6/48

VS JUN 30 1960

OCT 23 1948

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 *J.P. Albano*

Licensed Embalmer No. *4745*

P. O. Address *Sularia Md*

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.