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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36812

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4558

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: 1550 W. 29th. St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 11 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 2535 Norton (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Claude Earl Powell
3. (b) If veteran, name war No
3. (c) Social Security No. 486-05-6715
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Georgia Powell
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased April (Month) 1 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
55	7	5	hr. min.

9. Birthplace Marceline (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Rodney Milling Co.
FATHER
12. Name William Morgan Powell
13. Birthplace Fayette (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Painter Walden
15. Birthplace Fayette (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Georgia Powell
(b) Address 2535 Norton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Earp & Sons
(b) Address 4139 E. 15th. St.
19. (a) 11-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6 year 1948 hour 1: minute 10 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	Duration
Acute Coronary Insufficiency	
Due to Coronary Sclerosis	
Due to 938	
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner	
Major findings: Of operations	
Of autopsy See Above	

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? A. E. Upsher
While at work? (Specify type of place) (e) Means of injury
23. Signature A. E. Upsher (M.D., coroner)
Address 2800 Main Date signed 11-8-48

(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 William H. Earp, Registered Apprentice No. 241, working under my personal supervision.

Signed John B. Earp

Licensed Embalmer No. 2955

P. O. Address K.C. 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.