

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11574

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>446</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Doniphan</u> <u>999</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>6 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wathena</u>		<u>14</u> <u>0</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>1313 North 10th St., McKernon Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CYNTHIA</u>			b. (Middle) <u>JANE</u>		c. (Last) <u>POWELSON</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1949</u>								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>March 19, 1855</u>		
9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR Months <u>0</u>		IF UNDER 2 HOURS Days <u>22</u>		IF UNDER 24 HRS. Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Loudon County, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Henderson Leonard</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Stewart</u>			14. NAME OF HUSBAND OR WIFE <u>John W. Powelson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. B. Curtis, Wathena, Kansas</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>43</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR				
22. I hereby certify that I attended the deceased from <u>June 10, 1948</u> , to <u>April 11, 1949</u> ; that I last saw the deceased alive on <u>April 10, 1949</u> , and that death occurred at <u>4:30 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John B. Swails M.D.</u>				23b. ADDRESS <u>Wathena Kansas</u>		23c. DATE SIGNED <u>4-14-1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 14, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belmont Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wathena, Kansas.</u>		
DATE REC'D BY LOCAL REG. <u>April 25, 1949</u>		REGISTRAR'S SIGNATURE <u>G. L. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph M. ...</u>		ADDRESS <u>120 Illinois St. St. Joseph, Mo</u>		

WRITE PLAINLY—USING 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 \_\_\_\_\_

*B. J. Chaney*

Student Embalmer No. *294*

working under my personal supervision.

Signed *B. J. Chaney*  
Student Embalmer

Signed *Emmanuel Clark*

Licensed Embalmer No. *4225*

P. O. Address *St Joseph 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.**