

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12620

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1718

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 20 yrs		d. STREET ADDRESS 3028 ASKEW AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3028 ASKEW AVENUE		d. STREET ADDRESS (If rural, give location) 3028 ASKEW AVENUE	

3. NAME OF DECEASED (Type or Print) MRS. CARRIE ELLEN POWERS			4. DATE OF DEATH APRIL 14 1949		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH 1873 MARCH 2 1873	9. AGE (In years last birth) 75 7/12	10. USUAL OCCUPATION NONE
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) RAYLTON, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME JOHN J. RUBLE	13b. MOTHER'S MAIDEN NAME PHOEBE ANN SCOTT	14. NAME OF HUSBAND OR WIFE JOHN WILLIAM POWERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Wm. R. Powers, 3028 ASKEW, N-C. MO

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) Arterio-sclerosis cerebral		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis general		
	DUE TO (c) none 334 N		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?
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22. I hereby certify that I attended the deceased from about 6 weeks, 1949, that I last saw the deceased alive on 4-14, 1949, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leo M. Muller, M.D.	23b. ADDRESS 3548 Indiana	23c. DATE SIGNED 4-15-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR 16 1949	24c. NAME OF CEMETERY OR CREMATORY PRAIRIE CEMETERY	24d. LOCATION (City, town, or county) (State) PRAIRIE CITY KANSAS
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DATE REC'D BY LOCAL REG. 4-18-49	REGISTRAR'S SIGNATURE Geraldine Holman	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer	ADDRESS 133 1/2 BRUSH CREEK
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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.....

Student Embalmer No.

working under my personal supervision.

Signed

Edward M. Storey

Signed.....
Student Embalmer

Licensed Embalmer No.

4452

P. O. Address

K.C. 4. 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.