

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23911**
3109
 Registrar's No.

FILED AUG 4 1952

393
 34

BIRTH NO. _____		REG. DIST. NO. 34	PRIMARY REG. DIST. NO. 1002	Registrar's No. 3109
1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City North		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, North		
d. FULL NAME OF HOSPITAL OR INSTITUTION 324 Walnut		d. STREET ADDRESS (If rural, give location) 324 Walnut		
3. NAME OF DECEASED (Type or Print) a. (First) Velah		b. (Middle) L.		c. (Last) Powers
4. DATE OF DEATH (Month) (Day) (Year) July 7 1952		5. SEX F. / 6. COLOR OR RACE W.		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 23, 1905		9. AGE (In years last birthday) 47 1/2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Willow Springs, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Brown		
13b. MOTHER'S MAIDEN NAME Dora Clark		14. NAME OF HUSBAND OR WIFE Ralph O. 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. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. John Brown (Mother) ADDRESS 324 Walnut
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uraemia ANTECEDENT CAUSES DUE TO (b) Malignancy of Kidneys DUE TO (c) Malignancy of Bladder II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 6-4-1951		19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the Bladder		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) (Minute) _____		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 June 1, 1951 , to July 7, 1952 , that I last saw the deceased alive on July 7, 1952 , and that death occurred at 12:15 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE F.W. Thompson, D.O.		23b. ADDRESS 705-10 Bryant Bldg - Kansas City, Mo		23c. DATE SIGNED 7-8-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-9-52		24c. NAME OF CEMETERY OR CREMATORY East slope Brown Ridge, Kan.
24d. LOCATION (City, town, or county) (State) Mo		25. FUNERAL DIRECTOR'S SIGNATURE W. Newcomers Sons' ADDRESS North Kansas City, Mo.		
DATE REC'D BY LOCAL REG. 7-8-52		REGISTRAR'S SIGNATURE Geraldine Holmes D.		

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Glenn A Hill

Signed.....

Student Embalmer

Licensed Embalmer No. 4586

P. O. Address Quondale, 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.