

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

13447

State File No. _____

FILED MAY 10 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1222

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 (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 45 Years		e. STREET ADDRESS (If rural, give location) 3409 CAMPBELL	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			

3. NAME OF DECEASED (Type or Print) KENNETH	a. (First)	b. (Middle) J.	c. (Last) POWELL	4. DATE OF DEATH (Month) (Day) (Year) April 18 1956
--	------------	-----------------------	-------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH January 18, 1910	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	---	--	---	------------------------	-----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY auto parts	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	---	---	--

13a. FATHER'S NAME Thomas A. Powell	13b. MOTHER'S MAIDEN NAME Nellie I. Ryan	14. NAME OF HUSBAND OR WIFE Never Married
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) World War II	16. SOCIAL SECURITY NO. 487-05-3370	17. INFORMANT'S SIGNATURE OR NAME Official VA Hospital Records, K. C. Mo.	ADDRESS
--	--	--	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia RUL RML		DUE TO (b) _____		3 weeks
ANTECEDENT CAUSES		DUE TO (c) Bronchogenic carcinoma URL		8 mos.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		162x

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) (Min.) VA	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 February 17 1956, to April 18, 1956, ~~with a physician's certificate~~ and that death occurred at 11:31 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. A. Turner	(Degree or title) M.D.	23b. ADDRESS VA Hospital 4801 Linwood, Kansas City, Mo.	23c. DATE SIGNED 4-19-56
------------------------------------	-------------------------------	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-21-56	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. 4-21-56	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar	ADDRESS K.C., Mo.
---	--	---	--------------------------

1230

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arthur E. Ho*.....

Licensed Embalmer No.....

P. O. Address..... *RC*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.