

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13827

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township KANSAS Primary Registration District No. 1002
(c) City Kansas City Mo. (d) Street No. Lake Side Hospital Registered No. 1807
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Mollie Powell 490
(a) Residence, No. 4 mi East Indep. Spring Branch Rd (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. J. Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 4 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South of Jivany Jackson Co Mo

FATHER 13. NAME James Salmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Virginia M. Henry
Indep. Mo. R. I. D. #

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE May 1, 1938

19. FUNERAL DIRECTOR (ADDRESS) Ott & Mitchell
Independence Mo.

20. FILED Apr 29, 1938 M. L. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1938

22. I HEREBY CERTIFY that I attended deceased from Mar 24 1938 to Apr 28 1938
I last saw her alive on Apr 28 1938 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Pyelonephritis Date of onset
108

Other contributory causes of importance:
Lobar pneumonia

Name of operation None Date of None
What test confirmed diagnosis By exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Dr. Ruth V. Anderson
(Signed) (Address) Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

I X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)