

APR 17 1939

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

9781  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1387  
 (c) City Kansas City (d) Street No. 3660 Summit St.  
 (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.  
 400 Mrs. Mary M Palmer Powell  
 2. PRINT FULL NAME  
 (a) Residence, No. 3660 Summit St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS  
 3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Hadling Rowell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1867  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 6 22  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. at home  
 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) Spargerville  
Missouri  
 FATHER 13. NAME Homer Palmer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 MOTHER 15. MAIDEN NAME Effie S. Palmer  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 17. INFORMANT (ADDRESS) Mrs. Effie Rowell, Reed  
100 W. 36th Street  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Joliet, Ill DATE Mar. 31 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. W. Newcomer's Sons  
Brushcreek & Passes  
 20. FILED 3/31 1939 M. M. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30 1939  
 22. I HEREBY CERTIFY, That I attended deceased from June 21 1938, to March 30 1939  
 I last saw her alive on March 26 1939. Death is said to have occurred on the date stated above, at 2:20 A M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral arteriosclerosis  
Arterial hypertension  
Left hemiplegia  
apoplexy  
 Other contributory causes of importance:  
Broncho-pneumonia  
 Date of onset  
1928  
1924  
1934  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 19\_\_\_\_  
 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 \_\_\_\_\_  
 (Signed) James H. Dangle M.D.  
 (Address) 315 Alameda Road K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-1-3-35 I X14023

315 Alameda Blvd. W. 3243

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**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 .....

Registered Apprentice No. ...., working under my personal supervision.

Signed George M. Collier

Licensed Embalmer No. 3839

P. O. Address .....

**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, above space should be left blank.**