

DEC 11 1939

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

38436  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City, Mo. (d) Street No. St. Luke's Hospital 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.

2. PRINT FULL NAME William C. Pownall, Jr.  
 (a) Residence, No. 215 W. Commercial St., Lyons, Kas. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1913

7. AGE YEARS 26 MONTHS 3 DAYS 29 If LESS than 1 day, hrs. or min.

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. Garage man  
 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) Kansas

FATHER  
 13. NAME William C. Pownall  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER  
 15. MAIDEN NAME Edith Mae Triplett  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Wilson Funeral Home (ADDRESS) Thayer, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Thayer Kansas DATE 11/24 1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure (ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED 11-2 1939 J. M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Arrived, 1939.  
 I last saw h. alive on, 1939. Death is said to have occurred on the date stated above, at 11:35am.  
 The principal cause of death and related causes of importance were as follows:  
Burned and third degree  
fracture of both legs  
Burn chestrum 181  
 Other contributory causes of importance: 33

Name of operation Autopsy Date of 11/24/39  
 What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (Violence), fill in on the following: Accident, suicide, or homicide. Date of injury 11/24/39  
 Where did injury occur? Public place  
 Specify whether injury occurred in industry, in home, or in public place. Public place  
 Manner of injury Autopsy from unknown  
 Nature of injury unknown

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify. (Signed) W. C. Pownall 4, M. D.  
 (Address) 3235 Gillham Plaza, 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.

*Mr Lutch*  
~~Professional Bldg.~~  
Professional Bldg.  
~~12 02 1914~~  
12 02 1914

**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.....

*Reverend Lawrence J. ...*, Registered Apprentice No. *222*  
working under my personal supervision.

Signed *S. J. Allen*  
Licensed Embalmer No. *1415*  
P. O. Address *K. C. 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, above space should be left blank.