

NOV 12 1948
Registration District No. **589**Primary Registration District No. **1002**Registrar's No. **4013**

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days)
In this community 2 years,

3. (a) PRINT FULL NAME Mrs. Henrietta Price Powell,3. (b) If veteran, name war No. 3. (c) Social Security No. No.4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Maurice V. Powell, 6. (c) Age of husband or wife if alive 63 years7. Birth date of deceased July 5, 1883
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
57 3 12 hr. min.9. Birthplace Missouri, 0
(City, town, or county) (State or foreign country)10. Usual occupation at home, 011. Industry or business x 112. Name Henry Price,13. Birthplace Missouri, 0
(City, town, or county) (State or foreign country)14. Maiden name Mollie T. Miller,15. Birthplace Virginia,
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Maurice V. Powell,(b) Address Ellison Hotel, Kansas City, Mo.17. (a) Removal, (b) Date thereof 10-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Joseph, Missouri,18. (a) Signature of funeral director Stine & McClure,(b) Address 3235 Gillham Place, Kansas City, Mo.19. (a) 10-18-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. Ellison Hotel,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th,
year 1940 hour 10:15 minute P. M.21. I hereby certify that I attended the deceased from Dec 1939
19, to Oct 17, 1940
that I last saw her alive on Oct 17 - 1940, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Carcinoma of entire body including bone marrow
Carcinoma of BreastDue to 50Other conditions _____
(Include pregnancy within 3 months of death)Major findings: Operation of mastectomy
Of operations 16 years beforeOf autopsy Yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 123. Signature J. P. Miller (M. D. or other)Address 1032 Prescience Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically

Dr. E. Lee Miller.

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address Kansas City, 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.