

Registration District No. 399

Primary Registration District No. 100

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: Lake Side Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)

In this community 2 Weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19

(c) City or town Pleasant Hill 26
(If outside city or town limits, write "RURAL")

(d) Street No. Pleasant Hill 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charles Whiting Powell

(b) If veteran, name war No.

(c) Social Security No. No.

4. Sex Male 0 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kathleen R. Powell

6. (c) Age of husband or wife if alive 1868 years

7. Birth date of deceased April 14
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>10</u>	hr. _____ min.

9. Birthplace Odessa Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business _____

MOTHER FATHER { 12. Name David Jay Powell

13. Birthplace Odessa Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Basham

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Tom Poindexter

(b) Address Pleasant Hill, Missouri

17. (a) Burial (b) Date thereof 9/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa, Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 18 Brooklyn

19. (a) 9/26/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24 year 41 hour 5 minute 0 P. M.

21. I hereby certify that I attended the deceased from Sept 11 1941, to Sept 24 1941; that I last saw him alive on Sept 24 1941; and that death occurred on the date and hour stated above.

Immediate cause of death acute septic Pyelonephritis

Due to Prostatism

Due to Prostatic Hypertrophy

Other conditions 137a

Duration

1 day

10 yrs.

6 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Prostatic Hypertrophy

Of operations _____

Of autopsy 137a

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 _____

23. Signature [Signature] (M. D. or other) 100

Address 714 Chamberobld Date signed 9/27/41

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 me

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

Signed: J. C. Law & Shappert

Licensed Embalmer No. 4179

P. O. Address K. E. 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.)

If this body is not embalmed, fact should be so stated above.