

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:
Jackson
 (a) County.....
 (b) City or town..... **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **2901 Cherry**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **25 Years** (Specify whether
 In this community..... years, months or days)

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. **2901 Cherry**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **GEORGEANNA POWELL**

MEDICAL CERTIFICATION

3. (b) If veteran, name war..... **No** 3. (c) Social Security No. **None**

20. DATE OF DEATH: Month **April** day **20**
 year **1942** hour **7** minute **50 P.M.**

4. Sex **Fe.** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced..... **Married**

21. I hereby certify that I attended the deceased from **April 13**
 19**42** to **April 20** 19**42**
 that I last saw her alive on **April 20** 19**42**
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife..... **Julius W.** 6. (c) Age of husband or wife if alive..... **84** years

Immediate cause of death..... **Myocardial Degeneration** Duration **1 week**

7. Birth date of deceased..... **Sept. 23, 1861**
(Month) (Day) (Year)

Due to..... **Myocardial Degeneration** 6 yrs
Rheumatic Disease

8. AGE: Years Months Days If less than one day
80 **6** **27** hr. min.

Due to..... **131a**

9. Birthplace..... **Rockport, Indiana**
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation..... **Homemaker**

11. Industry or business..... **None**

Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name..... **James Brown**

13. Birthplace..... **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Sarah Ann Jackson**

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

16. (a) Informant..... **Mrs. Dorothy Bryant**
 (b) Address..... **2901 Cherry**

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?

17. (a) **Burial** (b) Date thereof..... **4/23/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Green Lawn Cemetery**

18. (a) Signature of funeral director..... **C. H. BLACKMAN & SON, INC.**

(b) Address..... **2825 Indep. Blvd., K. C., Mo**

19. (a) **4-23-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

23. Signature..... **John M. Cowers** (M. D. or other) **MD**
 Address..... **3322 1/2 E. 29th** Date signed..... **4/22/42**

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

