V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1942

Registration District No. 749

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32919

Primary Registration District No. 1002

Registrar's No. 3950

48 3 8

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: 4332 Genesee /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 42 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson 9
(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No.: 4332 Genesee
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: John McMahon Powell

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: Wh.

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: October (Month) 14, (Day) 1870 (Year)

8. AGE: Years 72 | Months 0 | Days 10 | If less than one day: hr. min.

9. Birthplace: Columbiana, (City, town, or county) Ohio / (State or foreign country)

10. Usual occupation: Produce Worker

11. Industry or business: A. B. C. Retired

FATHER
12. Name: John B. Powell
13. Birthplace: Belmont Co. (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name: Mary Ellen McMahon
15. Birthplace: Monroe Co. (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant: Miss Mabel Powell
(b) Address: 4332 Genesee

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10/26/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Lawrence, Kans.

18. (a) Signature of funeral director: Fitz Funeral Home
(b) Address: 1901 Olathe Blvd. K. C. Kans

19. (a) 10/26/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 24 year: 1942 hour: 4 minute: P. M.

21. I hereby certify that I attended the deceased from Oct. 24, 1942 to Oct. 24, 1942, that I last saw him alive on Oct. 24, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized and Cerebral Arteriosclerosis	5 yrs ?
Due to: Arteriosclerotic Dementia	1 yr.
Due to:	
Other conditions: Aspiration Bronchopneumonia 2 hrs. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 10/1
Of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

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: A. Theodore Steegmann M.D. (M. D. or other)
Address: 1500 Professional Bldg. Date signed: 10-25-42

(Licensed Embalmer's Statement on Reverse Side)

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.....Wm L Ward.....

Licensed Embalmer No.....3991.....

P. O. Address.....309 E 67 St KC 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, fact should be so stated above.