

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 2 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 791

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital # 1, 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community same

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits write "RURAL")

(d) Street No. 615 South Liberty
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William-Joseph-Powers.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21st year _____ hour 2:15 minute _____ M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs Annie Powers 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 9 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 17th 1942 to October 21 1942
that I last saw him alive on October 20th 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 3 Days 12 If less than one day hr. min.

Immediate cause of death Myocardial infarction
secondary to

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

Due to arteriosclerosis
and
hypertension

10. Usual occupation Farmer

Other conditions Cerebral arteriosclerosis with psychosis
(Include pregnancy within 3 months of death)

11. Industry or business Same

Major findings: Of operations None
Of autopsy none

12. Name Patricia Powers

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

14. Maiden name Mrs Mary Dancyant

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

16. (a) Informant Mrs Annie Powers (wife)

(b) Address Independence Mo.

17. (a) Removal (b) Date thereof 10/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independence Mo

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 _____

18. (a) Signature of funeral director Carson Fun. Home

(b) Address Independence Mo.

19. (a) 10-21-42 (b) Rose Heagy
(Date received local registrar) (Registrar's signature)

23. Signature W. D. Buchanan M.D.
Address St Joseph Date signed 10/21/42

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

11-7

MOTHER FATHER

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....
Dean Owens

Licensed Embalmer No. *4280*

P. O. Address. *Independence, 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.