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 MAR 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5424

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 856

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

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 14 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 3245 Nicholson
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Susie Powell

3. (b) If veteran, name war No

3. (c) Social Security No. 493-12-2898

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Wilbur E. Powell

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March (Month) 2 (Day) 1904 (Year)

8. AGE: Years 38 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Expected to work at Lake City

FATHER
12. Name Robert Short
13. Birthplace (City, town, or county) No Record (State or foreign country) 9

MOTHER
14. Maiden name Pricilla Myers
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mr. Wilbur E. Powell
(b) Address 3245 Nicholson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C.L.Forster
(b) Address Kansas City, Missouri

19. (a) 2-18-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16
year 1943 hour 9 minute 15 a M.

21. I hereby certify that I attended the deceased from 2-12-43, 1943, to 2-16-, 1943
that I last saw her alive on 2-16-, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial decomposition

Due to Chronic Myocarditis

Due to 93 H 18 N

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? ✓ (e) Means of injury

23. Signature Earl Van Jones (M. D. or other) P.O.

Address 100½ S. Robinson Date signed 2-17-43

(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 Theron A. Redmond

Licensed Embalmer No. 2737

P. O. Address K.C. 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.