

FILED APR 8 1943 49

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1537

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-8-43-3-15-43
(Specify whether
In this community 8 years
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. 709 Independence
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If [yes] name country _____

3. (a) PRINT FULL NAME NANCY POWELL (HUGHES)

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color, or race Negro 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 April - 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>11</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation House maid

11. Industry or business _____

12. Name Don't know

13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't know 9

15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 3-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lead Cemetery

18. (a) Signature of funeral director Thos. Applegate, Jr.
(b) Address City, Mo. Crow

19. (a) 3-30-43 (b) J. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1943 hour 2:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 8 1943 to March 15 1943; that I last saw her alive on March 15 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration _____

Due to Cerebral Thrombosis

Due to 830

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 J. M. Brown (M. D. _____)
Address Gen. Hosp #2-602 E. 22 Date signed 3-19-43

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

MOTHER FATHER

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

C. H. Must

Licensed Embalmer No. *2710*

P. O. Address

Kansas City 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.