

FILED FEB 10 1944  
Registration District No. 1749

Primary Registration District No. 1002

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:  
5108 Baltimore  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO.  
(Specify whether years, months or days) 10 months

In this community 10 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Booth Powell

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John O. Powell

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

7. Birth date of deceased April 8 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

45 9 14 hr. min.

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

10. Usual occupation at home

11. Industry or business X

12. Name F. D. Booth

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

14. Maiden name Ira May Gates

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

16. (a) Informant Mrs. Hilma Bailey

(b) Address 5108 Baltimore, Kansas City, Mo.

17. (a) Removal (b) Date thereof 1-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor Missouri

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) Jan 23 1944 (b) J. G. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. X  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day Jan  
year 1944 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from 1940  
1940, to Jan 22, 1944

that I last saw her alive on Jan 22, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous Coarctation

Due to Carcinomatous Coarctation of Aorta

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Carcinoma Coarctation

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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. G. Brown (M. D. or other)

Address 934 Argyle Bldg Date signed 1-22-44

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

13  
39  
6671

DEC 18 1952

OCT 4 1949

DEC 17 1952

AUG 20 1954

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 *John H. Hurley*  
Licensed Embalmer No. *4050*  
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.