

FILED APR 6 1944/9
Registration District No.

Primary Registration District No. 1002

Registrar's No.

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 #250**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **7 sta**
In this community. **42 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Corrinne Powell Traylor**

3. (b) If veteran, name war. **None** 3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife. **Ben Traylor** 6. (c) Age of husband or wife if alive. **46** years

7. Birth date of deceased. **April 25, 1901**
(Month) (Day) (Year)

8. AGE: Years **42** Months **10** Days **18** If less than one day hr. min.

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

10. Usual occupation. **At Home**

11. Industry or business.

12. Name. **Ernest Powell**

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

14. Maiden name. **Wattie Howard**

15. Birthplace. **Howard County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant. **Walter Scott**

(b) Address. **2442 Euclid**

17. (a) **burial** (b) Date thereof. **3/18/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Lincoln Cemetery**

18. (a) Signature of funeral director. **Shelton T. ...**

(b) Address. **1729 Lydia**

19. (a) **3-18-44** (b) **N. C. Brown**
(Date received local registrar) (Registrar's signature)

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. **1661 East 2nd Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **13** year **1944** hour **6:00** minute **6** M.

21. I hereby certify that I attended the deceased from **Deputy Coroner** to **19**; that I last saw him **alive** on **19**; and that death occurred on the date and hour stated above.

Immediate cause of death. **Burns of 2nd & 3rd Degree of trunk arms and legs**

Due to **160-15**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **See above**

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). **acc 12.3**

(b) Date of occurrence. **3-6-44**

(c) Where did injury occur? **K. C. Jackson Mo**
(City) (Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work? (Specify type of place) (e) Means of injury. **Conflagration**

23. Signature **L. P. Richardson** (M.D. or other)

Address **1832 ...** Date signed **3-14-44**

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

48
5
5
0

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.....

A. T. Moore

Licensed Embalmer No.....

948

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.