No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5178

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 524

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 49
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 315 W - 9th Morgan Hotel 8
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Powhattan Sampson Wren
3. (b) If veteran, name war No -
3. (c) Social Security No. 496-03-6250
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB. 4 (Month) 17 (Day) 1879 (Year)

8. AGE: Years 68 Months 11 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Va Texas (State or foreign country)
10. Usual occupation Construction Work
11. Industry or business Railroad
FATHER
12. Name Powhattan S Wren
13. Birthplace (City, town, or county) Va (State or foreign country)
MOTHER
14. Maiden name Mattie Campbell
15. Birthplace (City, town, or county) La (State or foreign country)
16. (a) Informant Frank J Wren
(b) Address 1907 Waggoner Bldg Fort Worth Texas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb-6-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Galveston Texas
18. (a) Signature of funeral director Mrs C L Forster
(b) Address 918 Brooklyn
19. (a) 2-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4 year 1948 hour 8 minute 00 P.M.
21. I hereby certify that I attended the deceased from 22 January, 1948 to date of death; that I last saw him alive on Feb 4, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage, post-operative	
Due to Jaundice - Stone in common bile duct	
Due to Gall stones	
Other conditions Chronic pancreatitis (Include pregnancy within 3 months of death)	

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Major findings: Of operations Stone common bile duct. Gall stones
Of autopsy Same

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 0
23. Signature K. W. Greene (M. D. or other) MD
Address 1103 Grand Date signed 2-5-48

(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 Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address 918 Brooklyn

KC. 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.