

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43589  
Registrar's No. 5441

FILED JAN 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City  
c. LENGTH OF STAY (in this place) 45 min.  
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Jackson  
c. CITY (If outside corporate limits, write RURAL and give township) Kansas City  
d. STREET ADDRESS (If rural, give location) 1618 Jarboe

3. NAME OF DECEASED  
a. (First) Robert b. (Middle) Vernon c. (Last) Powell  
4. DATE OF DEATH (Month) 12 (Day) 24 (Year) 50

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single  
8. DATE OF BIRTH Dec. 24, 1950 9. AGE (In years last birthday) 12 Months 0 Days 0 Hours 0 Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 10b. KIND OF BUSINESS OR INDUSTRY same  
11. BIRTHPLACE (State or foreign country) Kansas City, Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wilbern O. Powell 13b. MOTHER'S MAIDEN NAME Betty Grant 14. NAME OF HUSBAND OR WIFE Child

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Wilbern O. Powell ADDRESS K.C. Mo

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Anoxia  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) premature separation of placenta full term, baby did not breath.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH nb<sup>2</sup>D

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) \_\_\_\_\_ (COUNTY) \_\_\_\_\_ (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Dec. 24, 1950, to Dec. 24, 1950, that I last saw the deceased alive on Dec. 24, 1950, and that death occurred at P. m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) \_\_\_\_\_ 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 12-26-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removed 24b. DATE 12-26-50 24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cem. 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 12-26-50 REGISTRAR'S SIGNATURE Seraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE Geo. F. Porter & Sons ADDRESS K.S. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Keltner*

*Dr. Keltner*

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Howard L. Parker*

Signed.....

Student Embalmer

Licensed Embalmer No. *3751*

P. O. Address *19<sup>th</sup> & Minn. K.S.*

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.