

James Powers

Ohio Deaths

Name	James Powers
Event Type	Death
Event Date	14 Oct 1946
Gender	Male
Age	89
Race	White
Birth Date	24 Aug 1857
Birthplace	Cinti., O
Birth Year (Estimated)	1857
Father's Name	James Powers
Mother's Titles and Terms	unknown
Spouse's Name	Ellen
Spouse's Titles and Terms	Married

Ohio Deaths, 1908-1953

File Number certificate
GS Film number 2372961
Digital Folder Number 004076164
Image Number 02109

Citing this Record

"Ohio Deaths, 1908-1953," database with images, *FamilySearch*

(<https://familysearch.org/ark:/61903/1:1:X61V-FXT> : 8 December 2014), James Powers, 14 Oct 1946; citing , reference certificate; FHL microfilm 2,372,961.

OHIO DEPARTMENT OF HEALTH

COLUMBUS

60921

Reg. Dist. No. 494Primary Reg. Dist. No. 8227

CERTIFICATE OF DEATH

Department of Commerce—Bureau of the Census

State File No. _____

Registrar's No. 5650

1. PLACE OF DEATH:

(a) County Hamilton(b) Cinti O
(City, Village, Township)

(c) Name of hospital or institution:

2421 Luckey Ave.
(If not in hospital or institution, write street No. or location)

(d) Length of stay: In hospital or institution _____ (Days)

In this community _____
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Hamilton(c) City or village Cinti 89
(If outside city or village, write RURAL)(d) Street No. 2421 Luckey Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

FULL

3. NAME James Powers

(a) If veteran, _____

name war _____

(b) Social Security

No. None4. Sex M race W

5. Color or

6. (a) Single, widowed, married,divorced Married6. (b) Name of husband or wife Ellen

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased 8/24/1857
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
89 1 20 hr. min.9. Birthplace Cinti O
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Retired Trackman Foreman12. Name James Powers13. Birthplace Ireland
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's signature Ellen Powers(b) Address 2421 Luckey Ave17. (a) Burial, cremation, or other; (b) Date 10/17/46
(Month) (Day) (Year)(c) Place Baltimore Pike(d) Vincent J Burke 4244 A
(Name of Undertaker) (Lic. No.)18. (a) F. J. Meyer 1229
(Signature of Funeral Director) (Lic. No.)(b) Address 1824 Westwood Ave19. (a) OCT 17 1946 (b) Grace L. Lewis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Oct day 14
year 1946 hour 11 minute 55 AM21. I hereby certify that I attended the deceased from
12 Oct, 1946, to 14 Oct, 1946;
that I last saw him alive on 14 Oct, 1946;
and that death occurred on the date and hour stated above.Duration
Immediate cause of death _____Pneumonia - hypostatic 3 daysDue to Arteriosclerotic heart diseaseDue to 932
Generalized arteriosclerosisOther conditions
(Include pregnancy within 3 months of death)

Major findings of operation _____

Major findings of autopsy _____

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Village) (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) How did injury occur? _____

23. Signature C. A. Sebastian M.D.
(Specify if Doctor of Medicine or Osteopathy)Address 2085 Harrison Date signed 15 Oct 46

DEPUTY

MARGIN RESERVED FOR BINDING
THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.