REC'D AUG 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24777

Do not use this space.

2 1

1. PLACE OF DEATH
(a) County BUCHANAN — Registration District No. 85
(b) Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 738
(c) City ST. JOSEPH, — (d) Street No. 1714 CRESCENT DRIVE St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 53 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ROBERT F. KEARBY 610
(a) Residence, No. 1714 CRESCENT DRIVE St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: GLADYS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DECEMBER 10, 1884

7. AGE: YEARS 53 — MONTHS 7 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: CR. MANAGER
9. Industry or business in which work was done, as saw mill, bank, etc.: C.D. SMITH DRUG CO
10. Date deceased last worked at this occupation (month and year): JULY 15,
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. JOSEPH, MISSOURI. 0 1

FATHER
13. NAME: H.W. KEARBY, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN INDIANA

MOTHER
15. MAIDEN NAME: KATE CLARK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN MISSOURI

17. INFORMANT (ADDRESS): GLADYS KEARBY, 1714 CRESCENT, ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE JULY 16 1938

19. FUNERAL DIRECTOR (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 7/16 1938 A. J. Nettlebach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JULY 15, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1938, to July 15, 1938
I last saw him alive on July 15, 1938. Death is said to have occurred on the date stated above, at 1:45 Am.
The principal cause of death and related causes of importance were as follows:

Cornary Embolism — Date of onset July 12-38

94 B

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. D. Kearby, M. D.
(Address) St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. #3896

hereby certify that the body recorded on the reverse side of this certificate was embalmed by JOHN E. RUPP

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. #3986

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.)