

REC'D JUL 11 1939

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

21622  
Do not use this space.**1. PLACE OF DEATH**

(a) County Buchanan / Registration District No. 85  
 (b) Township St. Joseph / Primary Registration District No. 1001 Registered No. 659  
 (c) City St. Joseph (d) Street No. St. Joseph's Hospital 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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** EDWARD TURPIN COLBURN

(a) Residence, No. 6004 Meade St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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** Rosetta Colburn  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Feb. 20th. 1851  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 88 4 9  
**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Contractor  
**9. Industry or business in which work was done, as saw mill, bank, etc.** Stone Mason  
**10. Date deceased last worked at this occupation (month and year)** ..... **11. Total time (years) spent in this occupation** 2

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Savannah, Mo. 0

**FATHER**  
**13. NAME** William Colburn 9

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown 9  
 Unknown

**MOTHER**  
**15. MAIDEN NAME** Margaret Turpin

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown  
 Unknown

**17. INFORMANT (ADDRESS)** Frank Colburn  
 6004 Meade St. Joseph, Mo.

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Cumberland Ridge  
 Savannah, Mo. DATE July 2nd. 1939

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** FLEEMAN & SON, INC.  
 1946 Calhoun St. Joseph, Mo.

**20. FILED** June 30, 1939. H. J. Neale  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** June 29th. 1939

**22. I HEREBY CERTIFY** That I attended deceased from June 15 - 1939, to June 29, 1939  
 I last saw him alive on June 29, 1939 Death is said to have occurred on the date stated above, at 10 A.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum  
 Date of onset Unknown

Other contributory causes of importance: Hb

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) J. J. Phinotina M. D.  
 (Address) 210 Kirkpatrick Bldg.  
 St. Joseph, Mo.

**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 John E. Rupp  
Licensed Embalmer No. 3986  
P. O. Address St. Joseph

**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, above space should be left blank.**