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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14088

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1800

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

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: 3421, E. 24. home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 20 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 3421, E. 24. (If rural, give location)

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

3. (a) PRINT FULL NAME Colbert Robert 416

3. (b) If veteran, name war No

3. (c) Social Security No. 500-03-1752

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Irene Colbert.

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Febr. 28, 1894. 1895 (Month) (Day) (Year)

8. AGE: Years 45 ~~46~~ Months 1 Days 28 If less than one day — hr. — min.

9. Birthplace Kansas City (City, town, or county) Kans (State or foreign country) 1

10. Usual occupation Window Trimmer 1

11. Industry or business 1

FATHER
12. Name Edward Colbert 1
13. Birthplace (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Minerva Williams
15. Birthplace (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mrs. Ruth I. Colbert.

(b) Address 3421, E. 24.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetery KCKS

18. (a) Signature of funeral director Siddarth

(b) Address 6900 Troost. K.C. Mo.

19. (a) April 29, 1940 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 27 year 1940 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from ____, 19__; that I last saw alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Acute pulmonary edema

Due to Chronic diffuse myocardial fibrosis

Other conditions (Include pregnancy within 3 months of death) 92c

Major findings:
Of operations
Of autopsy

Duration

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 5

23. Signature [signature] (M. D. or other)

Address K. C. Mo. Date signed

(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 Apr 27, 1

....., Registered Apprentice No.....

working under my personal supervision.

Signed Geo Hawthorne.

Licensed Embalmer No. 3845.

P. O. Address 6900 Frost. KC. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.