

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942
Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1002

1138
State File No. _____
Registrar's No. 345

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:
5905 Winner Road 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 46 yrs. years, months or days)

3. (a) PRINT FULL NAME Phil S. Colborn
3. (b) If veteran, name war no 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Iva Colborn 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased May 9 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 14 hr. min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Cement Finisher

11. Industry or business _____

MOTHER FATHER
12. Name Sylvester Colborn
13. Birthplace No Record (City, town, or county) (State or foreign country)
14. Maiden name Caroline Johnson
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Iva Colborn
(b) Address 5905 Winner Road

17. (a) Burial (b) Date thereof Jan 26 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah Cem.

18. (a) Signature of funeral director Mrs CL. Forster

(b) Address 18 Brooklyn

19. (a) 1-26-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 5905 Winner Road
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-23-42 year _____ hour _____ minute 11:30 P.M.

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

Immediate cause of death _____
Pulmonary Infarct
Due to Chy. Myocarditis
Due to Pellagra
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____

Major findings: _____
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Disallew Jan 3 (M. D. or other) _____
Address AC me Date signed _____

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

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 *me*
....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. Clair Sheppard*
Licensed Embalmer No. *4179*
P. O. Address *N. C. Md.*

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.