

FILED JUN 10 1942

Registration District No. 491

Primary Registration District No. 2002 5569 Registrar's No. 200

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

1. PLACE OF DEATH:

(a) County Jarvis
(b) City or town Galena, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2.5 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999
(c) City or town Baxter Springs 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. RR # 2
(If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HUGH WILBURN

3. (b) If veteran, name war _____ 3. (c) Social Security No. 441-05-5781

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife BLANCHE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 9, 1899
(Month) (Day) (Year)

8. AGE: Years 42 Months 6 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Fort Worth Texas.
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Wilburn
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Clara Unknown
Kentucky
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche Wilburn
(b) Address Baxter Springs, Kansas. B2

17. (a) Removal (b) Date thereof 5-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation G.A.P. Miami Okla

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 5-15-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1942 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from April 17, 1942, to 5/12, 1942

that I last saw him alive on May 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cardio-Vascular-Renal Disease

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? _____

While at work? _____ (Specify type of place)
Means of injury 0

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

Address Joplin, Mo. Date signed 5-13-42

1204

42-5.450

1918

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 W. Smith*.....

Licensed Embalmer No. *820*.....

P. O. Address *Picher Okla.*.....

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.