

SEP 10 1942

Registration District No. 572

Primary Registration District No. 5224

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Broad River Twp
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 66 yo. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Rural Harrisonville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

3. (a) PRINT FULL NAME JOHN W. COLBURN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Jessamine S Colburn 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Mar 16 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 15 If less than one day _____ hr _____ min.

9. Birthplace Cass Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John W Colburn

13. Birthplace Pleasant Hill Mo
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Davidson

15. Birthplace Cass Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Cochran

(b) Address Rural Harrisonville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2/42
(Month) (Day) (Year)

(c) Place: burial or cremation Freeman Mo

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

19. (a) Sept. 1/42 (b) Margaret Tolle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1942 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Aug 31 1942 to Aug 31 1942
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden Duration _____

Due to Cardiac Thrombosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

Of autopsy _____

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)
23. Signature J. W. Tolle (M.D.) _____
Address Harrisonville Mo Date signed Sept 1 1942

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

19
00

cert

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 Ernest R. Zimmerman

Licensed Embalmer No. 3368

P. O. Address Harrisonville Mo

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.