S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

1945 STANDARD CERTIFICATE OF DEATH

FILED AUG 3

State File No. 23461

Registration District No. 42 Primary Registration District No. 5132 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Halls
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None Halls, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Walter Edward Colburn

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

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Nov (Month) 23 (Day) 1883 (Year)

8. AGE: Years 61 | Months 8 | Days 3 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business ____

FATHER
12. Name Charles Colburn
13. Birthplace [redacted] (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Humphrey
15. Birthplace ____ (City, town, or county) Ill (State or foreign country)

16. (a) Informant Mrs W.E. Colburn
(b) Address Halls, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sugar Creek Cem

18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph, Mo

19. (a) 7-28-45 (Date received local registrar) (b) Helen I Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1945 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from July 1 to ____, 19__, to July 26, 1945
that I last saw him alive on July 25th, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignant Carcinoma of Prostate Gland	3 years
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death)	
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature B. M. Riles D.O. (M. D. or other)
Address 6207 King Hill Date signed 7-27-45
St Joseph, Mo

1577

(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~~ .....

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

working under my personal supervision.

Signed Robert K. Gaple

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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, fact should be so stated above.