

FILED JAN 21 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5342

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:  
6425 JEFFERSON STREET  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 63 YEARS 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. 6425 JEFFERSON  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME OLIVER SMITH RATHBORN

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife if alive JOSEPHINE RATHBORN 6. (c) Age of husband or wife if alive 86 years  
7. Birth date of deceased MARCH 3 1858  
(Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation RETIRED SALESMAN

11. Industry or business STUDEBAKER CORPORATION

12. Name OLIVER S. RATHBORN

13. Birthplace PROVIDENCE R. ISLAND  
(City, town, or county) (State or foreign country)

14. Maiden name MERIE BLANCHARD

15. Birthplace AUBURN NEW YORK  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. CHARLES R. MATHENS

(b) Address 6425 JEFFERSON STREET

17. (a) Burial (b) Date thereof 12-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

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

(b) Address 1401 1/2 Wash Creek Blvd

19. (a) 12-26-45 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 24 1/2  
year 1945 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from July 13 1945 to Dec 24 1945  
that I last saw him alive on Dec 22 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Senility  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 93 d

Major findings: Of operations None Of autopsy None

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address 934 Ogden Bldg Date Dec 26 1945

100375  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

*Embalmer*

**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 *Elsear Tothrey*  
Licensed Embalmer No. *1767*  
P. O. Address *Kansas City*

**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.**