

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAR 11 1946 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5920**
Registrar's No. **8427**

Registration District No. 149 Primary Registration District No. 1002

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:
3410 E 19th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3410 E. 19th Street
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ROSE ELLA WALBORN

MEDICAL CERTIFICATION
 Feb. 17

3. (b) If veteran, name war none 3. (c) Social Security No. none

20. DATE OF DEATH: Month Feb. day 17 year 1946 hour 6 minute 20 P. M.

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

21. I hereby certify that I attended the deceased from 1942 to 2/17 1946 that I last saw her alive on 2/16 1946 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Cyrus P. Walborn 6. (c) Age of husband or wife if alive 84 years
 7. Birth date of deceased: January 30 1866
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage
 Duration _____

8. AGE: Years 80 Months 0 Days 17 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace Kinderhook Illinois
(City or town or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation Housewife

Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 MOTHER FATHER { 12. Name John Clutch
 13. Birthplace Unknown Ohio
 14. Maiden name Erving Baker
 15. Birthplace Unknown

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Cyrus P. Walborn
 (b) Address 3410 E 9th St.
 17. (a) Burial (b) Date thereof 2-18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(c) Place: burial or cremation Green Lawn Cemetery
Geo. C. Carson Funeral
 18. (a) Signature of funeral director Independence Missouri
 (b) Address _____

23. Signature [Signature] (M. D. or other) M.D.
 Address [Address] Date signed 2/18/46

19. (a) 2-19-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

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

MAR 31 1957

APR 10 1957

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 *George L. Cannon*

Licensed Embalmer No. *2249*

P. O. Address *Independence 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.