U. S. Form No. 2
DM—8-13
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30611

FILED SEP 17 1946

Registration District No. 1 4 6 — Primary Registration District No. 5-5-68 — Registrar's No. 297

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9301 E 13th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 50 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Grain Valley Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 1 mi N. East
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Charles Wilburn
3. (b) If veteran, name war: —
3. (c) Social Security No. 709-12-1389
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Lucinda —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Feb (Month) 25 (Day) 1878 (Year)

8. AGE: Years: 68 Months: 6 Days: 5 If less than one day: ____ hr. ____ min.

9. Birthplace: Memphis (City, town, or county) Tenn (State or foreign country)
10. Usual occupation: Lab
11. Industry or business: Jackson County Highway Dept.
FATHER 12. Name: Unknown
FATHER 13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Charly Childers
(b) Address: Grain Valley Mo
17. (a) Burial — (Burial, cremation, or removal) (b) Date thereof: 9-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Grove Cem.
18. (a) Signature of funeral director: Jno. P. Wittenbrink
(b) Address: Blue Springs Mo
19. (a) 9/14/46 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month: Aug day: 30th year: 1946 hour: 7 minute: P.M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h. alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Deputy Coroner — Duration
Acute Coronary Occlusion
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): 94A
Major findings: Of operations: ____
Of autopsy: History & Inspection

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? ____ (e) Means of injury: ____ (Specify type of place)
23. Signature: A. E. Asher (M. D. or Coroner)
Address: 2807 Main Date signed: 8/31/46

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(Licensed Embalmer's Statement on Reverse Side)

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

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 R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.