

FILED DEC 4 1948

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4637

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: MAJOR CLINIC
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 YEARS
In this community LIFE
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3100 EUCLID
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD NELSON OREAR

3. (b) If veteran, name war WW # 1 3. (c) Social Security No. NO

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

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

7. Birth date of deceased May 27 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 6 29 hr. _____ min.

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

10. Usual occupation RETIRED

11. Industry or business _____

12. Name Edward T Orear

13. Birthplace mo.
(City, town, or county) (State or foreign country)

14. Maiden name Helen Owens

15. Birthplace mo.
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN OREAR (BROTHER)

(b) Address 622 W. 67th TERRACE

17. (a) Burial (b) Date thereof 11 13 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs, Mo. STINE & McCLURE

18. (a) Signature of funeral director _____

(b) Address 3235 GILLHAM PLAZA, K.C., MO.

19. (a) 11-12-48 (b) Sheraldine [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11th
year 1948 hour Six minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 3rd 1948 to Nov 11th 1948
that I last saw him alive on Nov 10th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration Sudden
Due to Cerebral Thrombosis Sudden

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations g/a

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) (e) Means of injury _____

23. Signature Herman S. Major Hermon S. Major: (M. D. or D.O.)

Address 3100 Euclid Date signed 11/14/48

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

MOTHER FATHER

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

Kansas City Mo

FEB 15 1948
FEB 15 1948
FEB 15 1948

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

William L. Anderson

Registered Apprentice No.

259

working under my personal supervision.

Signed

[Signature]

Licensed Embalmer No.

1415

P. O. Address

24 C. M. D.

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.