DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1029

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 14

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: Gen. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether In this community 40 yrs years, months or days)

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. 1261 Wyoming
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Elijah R. ~~Cobarn~~ CABORN 165

3. (b) If veteran, name war No

3. (c) Social Security No. 707-07-6907

4. Sex Ma

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Cobarn

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased 7 (Month) 31 (Day) 1876 (Year)

8. AGE: Years 63 | Months 5 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Mt Vernon (City, town, or county) Ind. (State or foreign country)

10. Usual occupation R. Road Employee

11. Industry or business C. B. & Q. Railroad

MOTHER FATHER

12. Name James Cobarn

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

14. Maiden name Lucy Neal

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

Corrected by Registrar 1/9/41 by W. Cobarn

16. (a) Informant's own signature Mary Cobarn

(b) Address 1261 Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director W. F. Mayberry

(b) Address 2315 Lemmon Ave

19. (a) Jan 3, 1940 (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day 1-1-40

year ____ hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from 11 a.m. 1940, to ____, 19__; that I last saw alive on ____, 19__; and that death occurred on the date and hour stated above.

Deputy Coroner

	Duration
Immediate cause of death Pulmonary embolism	
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 Arthur W. Puhler (M. D. or other)

Address K. C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

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 Me

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

working under my personal supervision.

Signed Roy E. Lowe

Licensed Embalmer No. 2560

P. O. Address 1807 E 29

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo.) ss.
County of Jackson)

State File No.
Local Registrar's No. 14-40

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7 day of August, 194 2, before me appears Mrs Elijah Caborn, who, upon her oath, states that the original record of ~~birth~~ death for Elijah Caborn ~~died~~ ~~born~~ June 1-1940, in the State of Missouri, and which was filed at Kcmo on 1-3-40, should be corrected as follows:

Item No. Surname should read CABORN

Instead of Coborn.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Daisy Esther Caborn wife
Relationship.

1438 Washington
Present Address.

Subscribed and sworn to before me this 7 day of August, 194 2

My Commission expires 9/27/43 Margaret R. Crowe Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
3-42
X32339

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