

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17319**
Registrar's No. **1846**

Registration District No. **399** 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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Unknown
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME Fred A. Milburn 41/6

3. (b) If veteran, name war No. 3. (c) Social Security No. 486-07-8151

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susan Milburn 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased February 12 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 18 hr. min.

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

10. Usual occupation Publisher

11. Industry or business X

MOTHER FATHER { 12. Name J. W. Milburn

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

14. Maiden name Sarah Sterrett

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

16. (a) Informant Mrs. Susan Milburn

(b) Address 5615 Oak St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 5-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brooking Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) May 2, 1940 (b) M. M. Browe
(Date received local registrar) (Registrar's signature)

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. 5615 Oak Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1940 hour 4:11 minute P. M.

21. I hereby certify that I attended the deceased from 3-25-40
_____ 19____ to _____ 19____;
that I last saw him alive on 4-30-40 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Congestive Heart Failure 24 hrs
& Pulmonary Edema

Due to Uremia 131 7 weeks

Due to Arteriosclerotic C.V.R. ?

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Small granular kidney
grossly

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 _____ (Specify type of place)
(e) Means of injury !

23. Signature Frank Blaylock (M. D. or other)
Address Kansas City Mo Date signed 5-1-40

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

Dr. F. B. Leitz,

Proff

JAN 17 1958

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 _____

Dewey Town

Registered Apprentice No. *222*

working under my personal supervision.

Signed *E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *74. C. 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, above space should be left blank.