

1. PLACE OF DEATH:

(a) County, Jackson  
(b) City or town, Rural  
(c) Name of hospital or institution:  
Just outside city limits on New Highway  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community, Lifetime 52 years

2. USUAL RESIDENCE OF DECEASED:

(a) State, Missouri (b) County, Jackson  
(c) City or town, Kansas City  
(d) Street No., 402 East 31st. St.  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME, EARL LEROY COLBURN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex, Male 5. Color or race, White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife, Mattie E. Colburn 6. (c) Age of husband or wife if alive, 47 years  
7. Birth date of deceased, December 10 1885

8. AGE: Years 54 Months 7 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace, Freeman Missouri

10. Usual occupation, Musician

11. Industry or business, 1

MOTHER FATHER { 12. Name, John Wesley Colburn  
13. Birthplace, Cass County Missouri  
14. Maiden name, Rebecca Davidson  
15. Birthplace, Unknown Virginia

16. (a) Informant, Mrs Earl Colburn  
(b) Address, 402 E 31st

17. (a) Removal (b) Date thereof, July 16, 1940  
(c) Place: burial or cremation, Freeman Missouri

18. (a) Signature of funeral director, D. H. Huronius Sons  
(b) Address, 1401 Brush Creek Blvd.

19. (a) October 19, 1940 (b) F. L. Cook M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day 7-13-40 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 6:30 P. \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that the death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Acute pulmonary congestion  
Hypertrophy of the heart  
Aortic valvular stenosis  
(arteriosclerotic)  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Physician \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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) \_\_\_\_\_  
23. Signature, Victor H. Hubler (M.D. or other) \_\_\_\_\_  
Address, K. C. Mo Date signed \_\_\_\_\_

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

18

45

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**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.....

Licensed Embalmer No.....

P.O. Address.....

**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.**