

S. No. 2
M-5-43
r. 5-17-39
P I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20475**
Registrar's No. **2504**

FILED JUN 29 1946

Registration District No. **199** 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:
723 Tracy /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **34 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **723 Tracy** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Julia Charity Reyburn**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **4** year **1946** hour **6** minute **20 P.M.**
21. I hereby certify that I attended the deceased from **May 28** 19**46** to **6-4** 19**46**
that I last saw **her** alive on **6-3** 19**46** and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Wid.**
6. (b) Name of husband or wife **Kemp Reyburn** 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____ Duration
Cardiac Failure 5 days
Due to **Pneumonia left lower lobe** **10 days**
Due to **no**

7. Birth date of deceased **March 29** 18**70**
(Month) (Day) (Year)
8. AGE: Years **76** Months **2** Days **5** If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **108**
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)
10. Usual occupation **Homemaker**

11. Industry or business _____
12. Name **George Gilkey**
13. Birthplace **Pennsylvania** (City, town, or county) (State or foreign country)

MOTHER FATHER {
14. Maiden name **Unknown**
15. Birthplace **Mo** (City, town, or county) (State or foreign country)
16. (a) Informant **Wm. Crane**
(b) Address **723 Tracy**
17. (a) **Removal** (b) Date thereof **June 6, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Higginville, Mo.**

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? _____

18. (a) Signature of funeral director **C.H. Blackman & Son, Inc.**
(b) Address **2825 Independence**
19. (a) **6-6-46** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) _____ (c) Means of injury _____
23. Signature **L. M. Muller** (M. D. or other) **M.D.**
Address **3548 Andriana** Date signed **June 5**

(Licensed Embalmer's Statement on Reverse Side)

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

1946

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 A. D. Blackman

Licensed Embalmer No. 3639

P. O. Address 112 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.