V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27868

State File No.

FILED AUG 26 1947

Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 3482

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: 3734. E. 50th STREET
(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 YEARS
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. 3734. E. 50th STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) D
If yes, name country ---

3. (a) PRINT FULL NAME MARCUS HENRY O'REAR
3. (b) If veteran name war No
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of ~~husband or~~ wife MRS. MEDORA O'REAR
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased FEBRUARY 24 1872
(Month) (Day) (Year)

8. AGE: Years 75 | Months 5 | Days ~~17~~ 18 | If less than one day ..... hr. ..... min.

9. Birthplace BUTLER MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business
FATHER
12. Name ELIAS O'REAR
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name LUTITIA BRANICK
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
16. (a) Informant ORVILLE O'REAR
(b) Address 3734 EAST 50TH STREET
17. (a) BURIAL (b) Date thereof AUG-14-1947
(Burial, cremation, or removal) KEY WEST CEMETERY (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ LEBO KANSAS
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 8-13-47 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 12th
year 1947 hour 5 minute 45A M.

21. I hereby certify that I attended the deceased from 1937 19..., to July 9 1947;
that I last saw him alive on July 9 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	10 yrs
Due to Nephritis	Gradual
Due to Enlarged Prostate	Onset
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 e	
Of autopsy	

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 0

23. Signature D P Klipinger (M. D. ~~or other~~)
Address 615 Argyle Bldg Date signed 8-13-47
KC Mo

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

615 Argyle Bldg.
2-6

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 D. P. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City, M

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.