

FILED AUG 26 1947
Registration District No.

Primary Registration District No. **1002**

1. PLACE OF DEATH

(a) County **JACKSON**
(b) City or town **LANKAS. 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 **40 YEARS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARCHEL O'PEAR**
3. (b) If veteran **No** name war. 3. (c) Social Security No. **NO NE**

4. Sex **MALE** 5. Color **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 **45** years
7. Birth date of deceased **FEBRUARY 24 1872**
(Month) (Day) (Year)

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

9. Birthplace **BUTLER MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

MOTHER FATHER

11. Industry or business
12. Name **ELIAS O'REAR**
13. Birthplace **KENTUCKY**
(City, town, or county) (State or foreign country)
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 **APR 14 1947**
(Burial, cremation, or removal) (City or town) (County) (State)
(c) Place: burial or cremation **LEBO, KANSAS**

18. (a) Signature of funeral director **D.N. Newcomer, Inc.**
(b) Address **1401 BRUSH CREEK BLYD.**

19. (a) **8-13-47** (b) **Attalaine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON 48**
(c) City or town **LANKAS. CITY 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **3734 E. 50th STREET 4**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from **1937** 19..... to **July 9 47** 19.....
that I last saw him alive on **July 9 47** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
Due to **Nephritis**
Due to **Enlarged Prostate**
Other conditions (include pregnancy within 3 months of death)
Major findings: **932**
Of operations.....
Of autopsy.....

Duration
10 yrs
Enlarged prostate

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. Phillips** (M. D. or other)
Address **615 Argyle Bldg** Date signed **8-13-47**

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

615-2194
2-6-61
Bldg.

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. Nozinger*
Licensed Embalmer No. *3938*

P. O. Address *Kansas City, 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.