

REC'D NOV 18 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35023  
Do not use this space.

1. PLACE OF DEATH  
(a) County Bate Registration District No. 50  
(b) Township Bate Primary Registration District No. 3004 Registered No. 66  
(c) City Butler (d) Street No. Butler Memorial Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 425 Nava Inuv Colson  
(a) Residence, No. 425 St. Butler (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10, 1937

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>0</u>	<u>10</u>	<u>16</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Stockton (STATE OR COUNTRY) Indy

FATHER

13. NAME Arnold Colson

14. BIRTHPLACE (CITY OR TOWN) Wich (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Stata Kays

16. BIRTHPLACE (CITY OR TOWN) Harrisonville (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Archie Colson  
Colson, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak DATE Oct 28, 1938

19. FUNERAL DIRECTOR (NAME) R. E. Graham (ADDRESS) Wich. Mo.

20. FILED Oct 28, 1938 Thma L. Culver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1938, to 10-26, 1938  
I last saw h. alive on 10-26, 1938 Death is said to have occurred on the date stated above, at 2 P. m.  
The principal cause of death and related causes of importance were as follows:  
Infarction  
Myocardia  
11B

Other contributory causes of importance:  
Stenobriation  
and  
and atherosclerosis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify Arteriosclerosis M. D.  
(Signed) Butler, Mo. (Address) 53

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS

RECEIVED  
District Health Officer No. 7,  
District File Number 7-38-393  
Date Filed 11-14-38

**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 Geo H Hasenauer

Licensed Embalmer No. 1983

P. O. Address Tumb Ms.

**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.**