

18738

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
110 N. Wall st.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 20 months
years, months or days

3. (a) PRINT FULL NAME Mary Ananda Colwes 420

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Frederick Colwes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 4th, 1880-1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79	9	28	hr. _____ min. _____
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9. Birthplace Weston, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Oswell

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Grace Olive

(b) Address Joplin Mo 110 N. Wall

17. (a) Burial (b) Date thereof 5/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive, Pittsburg, Mo.

18. (a) Signature of funeral director Walter Huns

(b) Address Pittsburg, Kansas

19. (a) 5-3-40 (b) Ed Danner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 110 N. Wall St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
year 1940 hour 4 minute 55 A. M.

21. I hereby certify that I attended the deceased from 2-18-40
_____ 19 _____ to 5-2-40 _____ 19 _____;
that I last saw her alive on 5-1-40 _____ 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myocarditis 12²

Due to _____

General Arterio Sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically

Major findings:
Of operations _____

Of autopsy W

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?
79 (Specify type of place) (a) Means of injury _____

23. Signature Walter Huns (M. D. or other) _____
Address Joplin, Mo Date signed 5/3/40

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

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

Rev. 6-17-39

40-6-162

MAR 11 1942

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 John C. Friskel
Licensed Embalmer No. 1775
P. O. Address Frontenac, Michigan

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.