FILED JUN 1 1940

No. 2
1-10-39
-17-39
X21492
91

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19364

Registration District No. 751 Primary Registration District No. 5992 Registrar's No. 1442

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

1. PLACE OF DEATH:

(a) County Ripley

(b) ~~City or town~~ Oxly Mo Varner
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 54 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley

(c) City or town Oxly
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Oliver Noble Colburn 4/6

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Jane Colburn

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 6, (Day) 1870 (Year)

8. AGE: Years 69 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Louistown (City, town, or county) Ill (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Samuel R. Colburn
13. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Emma Dryden
15. Birthplace Unknown (City, town, or county) Ky (State or foreign country)

16. (a) Informant Alvah F. Colburn
(b) Address Oxly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April (Month) 18 (Day) 40 (Year)
(c) Place: burial or cremation Antioch

18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor Mo

19. (a) 4/15/40 (Date received local registrar) (b) H Eenhutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1940 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from Jan 20, 1940, to April 15, 1940
that I last saw her alive on April 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: mystitis of spinal cord non-specific — Duration 2 wk.

Due to: causing paralysis below nubilicus including bladder & bowels

Due to: cause not determined

Other conditions: Hod & mitral regurgitation and chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

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

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?
675 (Specify type of place)
While at work? (e) Means of injury

23. Signature H Eenhutt (M. D. or other) 1
Address Naylor Mo Date signed 4/16/40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 5
District File Number 540 610
Date Filed 5-22-40

Signed Bryan C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.