

DEC 20 1940

Registration District No. 135

Primary Registration District No. 3034

Registrar's No. 234

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution:
West end Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 2

3. (a) PRINT FULL NAME Albert Raymond Colvin
3. (b) If veteran, name war _____
3. (c) Social Security No. 491-07-0322

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

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

7. Birth date of deceased. Jan 26 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 19
If less than one day _____ hr. _____ min.

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

10. Usual occupation Attendant

11. Industry or business Mohawk Filling Station

12. Name Nathan J. Colvin

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

14. Maiden name Lydia E. Griffin

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

16. (a) Informant Mrs Glen Hicks

(b) Address Moberly Mo

17. (a) _____ **(b) Date thereof** Nov. 17 1940
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo

19. (a) Nov 17-40 **(b)** Leah Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limit write "RURAL")
(d) Street No. So 4th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15th
year 1940 hour about 6:15 minute _____ a.m.

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

Immediate cause of death
Natural - Undetermined
likely apoplexy or heart attack

Due to _____
Due to (found dead)

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

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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? _____

23. Signature H. C. Griffiths **(c) Means of injury** _____
(a) While at work? _____
(b) Address Moberly Mo **Date signed** 11-16-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 12-40-2357

Date Filed DEC 17 1940

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

Frank S. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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, above space should be left blank.