

No. 2
-4-41
17-39
X26390

FILED MAY 26 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14733

State File No.

Registration District No. 386

Primary Registration District No. 5538

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Rural Benton Twp.
(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 _____
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Howell

(c) City or town Rural Benton
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lavera Colbert

3. (b) If veteran, name war WW

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

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

7. Birth date of deceased June 20 1939
(Month) (Day) (Year)

8. AGE: Years 1 Months 9 Days 10
If less than one day hr. min.

9. Birthplace Howell Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation none

MOTHER FATHER

11. Industry or business _____

12. Name Leon Colbert

13. Birthplace Ark

14. Maiden name Practice

15. Birthplace Ark

16. (a) Informant Leon Colbert

(b) Address Hocoma

17. (a) burial (b) Date thereof Apr 24
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Army Cemetery

18. (a) Signature of funeral director Friends

(b) Address _____

19. (a) 4-2-41 (b) Vida W SIMONS
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 41 hour 2 minute 2 M.

21. I hereby certify that I attended the deceased from March 20 1941 to April 1 1941
that I last saw her alive on March 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Duration 2 wks

Due to _____

Due to _____

Other conditions NONE 107
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

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

23. Signature C. A. Beach (M. D. or other) MD
Address Elgin, Mo. Date signed 4-1-41

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

RECEIVED

District Health Officer No. 5,

District File Number. 541164

Date Filed _____

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.