

FILED FEB 11 1942

Registration District No. 2272

Primary Registration District No. 5551B

Registrar's No. _____

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

1. PLACE OF DEATH: Jackson

(a) County: Jackson

(b) City or town: (Rural) In a town

(c) Name of hospital or institution: 1 1/2 mi S Blue Springs

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

In this community _____

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson

(c) City or town: (Rural) 1 1/2 mi S. Blue Springs

(d) Street No. _____

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Clara Jeanette Colson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 21

year 1941 hour 3 minute 30 P. M.

4. Sex: F M / 5. Color or race: W

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

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: Dec 21 1941

21. I hereby certify that I attended the deceased from 12/21/1941, to 12/21/1941;

that I last saw her alive on 12/21/1941;

and that death occurred on the date and hour stated above.

Immediate cause of death: CONGENITAL MALFORMATION OF HEART

Duration: FETAL LIFE.

8. AGE: Years _____ Months _____ Days _____ If less than one day: hr. 30 min.

9. Birthplace: Blue Springs Mo

Due to _____

Due to _____

Other conditions: 15

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER { 12. Name: Eugene B. Colson

13. Birthplace: Manhattan Kan

14. Maiden name: Clara Gantman

15. Birthplace: Manhattan Kan

16. (a) Informant: Eugene Colson

(b) Address: Blue Springs Mo

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 12 22 41

(c) Place: burial or cremation: Blue Springs Mo

18. (a) Signature of funeral director: R. Smith

(b) Address: Blue Springs Mo

19. (a) Jan 29 1942 (b) M. J. Plant (Registrar's signature)

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury: _____

23. Signature: J. E. Query (M. D. or other) DO

Address: BLUE SPRINGS Date signed: 1/22/41

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.....

.....
23537 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.