

S. No. 2  
M-1-4-41  
v. 5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **7400**

FILED MAR 20 1942  
Registration District No. **1625**

Primary Registration District No. **3031**

Registrar's No. **16**

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

1. PLACE OF DEATH:  
(a) County **Nodaway**  
(b) City or town **Maryville**  
(c) Name of hospital or institution: **St Francis Hospital.**  
(d) Length of stay: **1 week**  
In this community **34 yrs.**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Nodaway**  
(c) City or town **Maryville**  
(d) Street No. **222 S. Market St.**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **LUKE PHILBRICK COLVIN**  
3. (b) If veteran, name war **No.**  
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan.** day **7th**  
year **1942** hour **2** minute **0** P.M.  
I hereby certify that I attended the deceased from **Dec 26-41**

4. Sex **M.** 5. Color or race **W.**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Olive Colvin**  
6. (c) Age of husband or wife if alive **12** years **1852**

that I last saw him alive on **Jan 7 1942**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Stroke from** Duration  
**inability to take food following old**  
**a. Hemiplegia of left side**

8. AGE: Years **89** Months **1** Days **26**  
If less than one day hr. min.

Due to **Similarity**

9. Birthplace **Nodaway Co. Mo.**  
10. Usual occupation **Merchant (Retired)**

Other conditions **Has had several light cerebral**  
**hemorrhages lately**

11. Industry or business  
12. Name **James Colvin**  
13. Birthplace **not known**  
14. Maiden name **Harriet Adams**  
15. Birthplace **unknown**

PHYSICIAN  
Major findings: **No**  
Of operations **0**  
Of autopsy **0**  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Olive Colvin**  
(b) Address **Maryville Mo**  
17. (a) **Burial** (b) Date thereof **Jan 9, 1942**  
(c) Place: burial or cremation **La Mar Cemetery**  
18. (a) Signature of funeral director **Price Funeral Home**  
(b) Address **Maryville Mo**  
19. (a) **Jan 9 1942** (b) **Memis E. Clardy**

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? **0** (Specify type of place) (c) Means of injury **0**  
23. Signature **W. J. Bee** (M. D.) or other  
Address **Maryville, Mo.** Date signed **1/16/42**

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**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 Clayton M. Price  
Licensed Embalmer No. 1822  
P. O. Address Mayville, 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, fact should be so stated above.**