S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11491

FILED APR 24 1942

Registration District No. 621 Primary Registration District No. 4372 Registrar's No.

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

74
0
0

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Elmo. Tun
(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 1 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway 074 0

(c) City or town Elmo - 0
(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.? 0 years.

3. (a) PRINT FULL NAME FRANCES COLVIN.

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex F.

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 Feb. (Month) 15, (Day) 1863 (Year)

8. AGE: Years 77 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Nodaway Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housekeeper.

11. Industry or business

FATHER
12. Name Ambrose Colvin
13. Birthplace Boone Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Delilah Fulks
15. Birthplace (City, town, or county) S. Carolina (State or foreign country)

16. (a) Informant Geo Colvin.
(b) Address Elmo Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 22, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation La Mar cemetery.

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo

19. (a) Mch 21 (Date received local registrar) (b) Clerk D Hom (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 21
year 1942 hour 5 minute 20 a. M.

21. I hereby certify that I attended the deceased from Mar 20, 1942 to Mar 21, 1942
that I last saw her alive on Mar 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature [signature] (M. D. or other)
Address [signature] Date signed 2/24/42

(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.

Signed John W. Price

Licensed Embalmer No. 3229.

P. O. Address Maryville 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.