. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1942 360

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25561

Registration District No. ~~875~~ Primary Registration District No. ~~3039~~ 3074 Registrar's No. 131

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada Mo City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 701 N. Oak St (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 Missouri (b) County Vernon

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

(d) Street No. 701 N. Oak (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME BENNY-LEON-COLVIN

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M: 10

5. Color or race W

6. (a) Single, widowed, married, divorced 0

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

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

7. Birth date of deceased July (Month) 4 (Day) 1942 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 0 hr. 15 min.

9. Birthplace Nevada Mo (City, town, or county) 11 (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Herald Colvin
13. Birthplace Bronson Kansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Laura Shepherd
15. Birthplace Sheldon Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Harold Lee Colvin
(b) Address 701 N Oak.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Deepwood Cemet

18. (a) Signature of funeral director Leny Funeral Home
(b) Address Nevada Mo

19. (a) July 27, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1942 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 4, 1942 to July 4, 1942 that I last saw him alive on July 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Pre Natal Deformity & Malformation

Due to: Baby was born without rectum & with no abdominal wall but skin. Baby lived about 15 minutes.

Due to:

Other conditions (Include pregnancy within 3 months of death)

Duration ✓

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature W S Love (M. D. or other) MD

Address Nevada, Mo Date signed July 4/42

1231

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 8-42-829

Date Filed 8-5-42

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 M. E. Ferry

Licensed Embalmer No. 1432

P. O. Address Nevada 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.