S. No. 2
M—9-4-41
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40579

State File No.

Registration District No. 84 Primary Registration District No. 4147 Registrar's No. 41

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Bunceton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: NONE (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cooper
(c) City or town: Bunceton
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

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0
0

3. (a) PRINT FULL NAME: Margaretta Ann Colbert
3. (b) If veteran, name war:
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: George Caswell Colbert
6. (c) Age of husband or wife if alive: 92 years
7. Birth date of deceased: 1 (Month) 3 (Day) 1850 (Year)

8. AGE: Years 92 Months 10 Days 16 If less than one day hr. min.

9. Birthplace: Cooper Co (City, town, or county) MO (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business: 0
FATHER
12. Name: Ross Woodridge
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Ann Roe
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: G. C. Crosby
(b) Address: Bunceton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Bunceton Mo
18. (a) Signature of funeral director: C. G. Parker
(b) Address: Bunceton Mo.
19. (a) Dec-28-1942 (Date received local registrar) (b) Mrs W W Robison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1942 hour minute 9 a.m.
21. I hereby certify that I attended the deceased from Dec 13 1942 to Dec 16 1942, that I last saw her alive on Dec 16 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Debility	Duration
Due to: age	
Due to:	
Other conditions: Acute Indigestion (Include pregnancy within 3 months of death)	

Major findings: Of operations: none
Of autopsy: none

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: J. H. Felix (M. D.)
Address: Bunceton Mo Date signed Dec 17

1087

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 1-8-43

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 Ray Selby, Registered Apprentice No. _____, working under my personal supervision.

Signed R G Parker

Licensed Embalmer No. 23-47

P. O. Address Buncetan 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.