

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41573

FILED JAN 5 1944
Registration District No. 1944

Primary Registration District No. 1000

Registrar's No. 1405

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2018 Francis St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 years
(Specify whether years, months or days) none

In this community 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 827 1/2 South 8th St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Charles Colby

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23 year 1943 hour 1 minute P M.

4. Sex Male 5. Color or race white

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 December 13, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 17, 1942 to Dec. 22, 1943; that I last saw him alive on Dec. 22, 1943; and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 0 Days 10 If less than one day hr. _____ min.

Immediate cause of death Syphilis of nervous system, central
Tabes Dorsalis

Due to _____

Due to _____

9. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

Other conditions ---
(Include pregnancy within 3 months of death)

Major findings: ---
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Rufuf Colby

13. Birthplace Minnesota
(City, town, or county) (State or foreign country)

14. Maiden name Lenore Sandt

15. Birthplace Penn
(City, town, or county) (State or foreign country)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

16. (a) Informant Mrs Geo Nelson

(b) Address 2608 Pacific St

17. (a) Burial (b) Date thereof 12-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)
Mt Mora Cemetery

(c) Place: burial or cremation Barry Funeral Home

18. (a) Signature of funeral director _____

(b) Address 224 South 10th St, St Joseph

19. (a) 12-27-43 (b) Rose Hezog
(Date received local registrar) (Registrar's signature)

23. Signature Charles H. Werner (M. D. or other)
Address 221 Kirkpatrick Bldg. St. Joseph, Mo. Date signed 12/23 1943

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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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Lou Clark

Licensed Embalmer No.

#216
Joseph

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.