

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. ....

FILED FEB 10 1944

Registration District No. 228Primary Registration District No. 2000Registrar's No. 108

## 1. PLACE OF DEATH:

(a) County Greene  
 (b) City or town Springfield  
(If outside city or town limits, give "RURAL" and name of township)  
 (c) Name of hospital or institution 516 E. Elm /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 1/2 Years  
(Specify whether years, months or days)  
 In this community 1 1/2 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Louise Colton3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female: 5. Color or race White: 6. (a) Single, widowed, married, divorced Single:  
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years  
 7. Birth date of deceased Feb. 1, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 11 28 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Child

11. Industry or business

MOTHER FATHER } 12. Name Wilson Colton Jr.  
 13. Birthplace Des Moines Iowa /  
(City, town, or county) (State or foreign country)  
 14. Maiden name Emma L. Meagher  
St. Louis Missouri  
(City, town, or county) (State or foreign country)  
 15. Birthplace

16. (a) Informant Wilson Colton Jr.  
 (b) Address Springfield, Mo.17. (a) Removal (b) Date thereof Jan. 30 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)18. (a) Signature of funeral director H.H. Lohmeyer  
 (b) Address Springfield, Mo.19. (a) 1-29-44 (b) Dr. W. Z. Handley  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
 (c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 5  
 (d) Street No. 516 E. Elm  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29  
 year 1944 hour 3 minute 45 p.a.m.21. I hereby certify that I attended the deceased from over 100 days  
Jan 29, 1944 to Jan 29, 1944;  
 that I last saw her alive on Jan 29, 1944  
 and that death occurred on the date and hour stated above.Immediate cause of death Arteriosclerosis Duration  
of brain lungs

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
 Of operations

Of autopsy

## PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....  
 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.....23. Signature JA Robertson (M. D. or other)  
 Address Springfield, Mo. Date signed 1/29/44

**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

*L. Douglas Gorman*

Licensed Embalmer No. ....

*3177*

P. O. Address

*Springfield, 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.**