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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1 - 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6934

Registration District No. 94 Primary Registration District No. 5297 Registrar's No. 32-4

1. PLACE OF DEATH
(a) County Clinton
(b) City or town Holt — Rural-Jackson
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clinton 25
(c) City or town Holt Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Dewey Colley
3. (b) If veteran, name war
3. (c) Social Security No. no

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Claude Colley
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Aug. 54 1898 (Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Clinton Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Samuel Tate
13. Birthplace Platte Co (City, town, or county) Mo (State or foreign country)
14. Maiden name Lillian Shetz
15. Birthplace Clinton Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Claude Colley
(b) Address Holt Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Muddy Fork
18. (a) Signature of funeral director [illegible]
(b) Address Kearney Mo
19. (a) 2-18-44 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day 14th year 44 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb-14-, 1944, to Feb-14-, 1944, that I last saw he alive on Feb-14-, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

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 [illegible] (M. D.)
Address Lathrop Mo Date signed 2/16/44

1085 (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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.