V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21501

Registration District No. 120 Primary Registration District No. 4198 Registrar's No. 76

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0

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

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town King City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community All life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Gentry 38
(c) City or town King City Mo. 30
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Artie May Colyer
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Female 1
5. Color or race Cau
6. (a) Single, widowed, married, divorced Widow. 2
6. (b) Name of husband or wife Fred.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 12 (Day) 1879 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	64	7	15	hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housework.
11. Industry or business
FATHER
12. Name S.J.Hutton
13. Birthplace (City, town, or county) Ohio. 1 (State or foreign country)
MOTHER
14. Maiden name Jennie McLaine.
15. Birthplace (City, town, or county) Unknown. 9 (State or foreign country)
16. (a) Informant Mrs. H.N.Simpson.
(b) Address King City Mo.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 6.29.1944 (Month) (Day) (Year)
(c) Place: burial or cremation King City Mo.
18. (a) Signature of funeral director R.B.Taggart
(b) Address King City Mo.
19. (a) July 8-1944 (Date received local registrar) (b) Homer W. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1944 hour 7 minute A. M.
21. I hereby certify that I attended the deceased from June 1939, to June 7, 1944
that I last saw her alive on June 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Auricular fibrillation
Associated Growth
Due to Chronic Myocarditis
Due to
Other conditions Chorea
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
93d

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 Jack A. Farmer 2 Do (M. D. or other)
Address King City, Mo. Date signed June 28 1944

1108

(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 R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.