

FILED JUL 24 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 33 2nd Brooklyn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Ryan City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2212 E 34th St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur D. Colvin

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 44 hour 30 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw h Deputy Coroner _____, 19____; and that death occurred on the date and hour stated above.

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Daisy | 6. (c) Age of husband or wife if app. 60 years

7. Birth date of deceased March 3 1867
(Month) (Day) (Year)

Immediate cause of death _____
Arteriosclerotic heart
Due to _____
Disease
Due to _____
93 d

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

8. AGE: Years Months Days If less than one day

<u>77</u>		<u>4</u>	<u>9</u>	hr. _____ min.
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Major findings: _____
Of operations _____

Of autopsy Inspection & History

Underline the cause to which death should be charged statistically.

9. Birthplace Missouri _____
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Josh Colvin

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

14. Maiden name Armanda Newcomb

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

16. (a) Informant Mrs Olyde Kenny

(b) Address 2212 E 34th St

17. (a) burial (b) Date thereof 7/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mendon, Mo

18. (a) Signature of funeral director Sammy Mayberry

(b) Address 2315 Fenwood

19. (a) 7-13-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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? _____ (c) Means of injury _____

23. Signature A. E. Weber (M. D. or other) MD
28 McCoy Date signed 7/18/44

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

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.....

Roy E. Snow

.....
Licensed Embalmer No.....

2560

P. O. Address.....

KC 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.