S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27466

Registration District No. 39 Primary Registration District No. 4092 Registrar's No. 132

19 0 0

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Archie. (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: at home. (Specify whether)
In this community: 33 years. (years, months or days)

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

3. (a) PRINT FULL NAME: Parmelia Lou Alice Colvin
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: W.
6. (b) Name of husband or wife: Deceased.
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: July (Month) 5 (Day) 1864 (Year)

8. AGE: Years 80 Months 0 Days 28 If less than one day hr. min.

9. Birthplace: Charlottesville, Va. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Dabdney Coleman
13. Birthplace: Va. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Valie Gardner
15. Birthplace: Va (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Geneva Bray
(b) Address: Kansas City, Kansas.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof: Aug. 5, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Crescent Hill Cemetery
18. (a) Signature of funeral director: [illegible]
(b) Address: Archie Mo.
19. (a) Aug. 31, 1944 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3 year 1944 hour 15 minute 40 A.M.
21. I hereby certify that I attended the deceased from July 3, 1943 to July 28, 1944 that I last saw h. alive on July 28, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-vascular renal. — Duration
Due to: arteriosclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death): 13/a
Major findings: Of operations:
Of autopsy:

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? (c) Means of injury:
23. Signature: E. E. Robinson (M. D. or other)
Address: Adrian, Mo. Date signed: 8-5-44

1041 (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~~ personally

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville 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.