. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31381

State File No.

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 36

1. PLACE OF DEATH:

(a) County MORGAN

(b) City or town RURAL - O SAGE Twp
(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 1 (Specify whether
In this community LIFETIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MORGAN 71

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

(d) Street No. 6 Mi. S.E OF VERSAILLES
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country U

3. (a) PRINT FULL NAME JAMES, WILLIAM-COLVIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife LECTA ANN, TAYLOR

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JUNE (Month) 4th (Day) 1857 (Year)

8. AGE: Years 87 Months 2 Days 28 If less than one day hr. min.

9. Birthplace COLE CO (City, town, or county) MO (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name Wm COLVIN
13. Birthplace COLE CO (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name SARAH ANN BARBOUR
15. Birthplace COLE CO (City, town, or county) MO (State or foreign country)

16. (a) Informant Cecil Colvin
(b) Address Versailles Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation BIG ROCK CEMETERY

18. (a) Signature of funeral director [signature]
(b) Address Versailles Mo

19. (a) 9-6-1944 (Date received local registrar) (b) Roy Berkstresser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 1st year 1944 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from July 20, 1944 to Sept 1, 1944 that I last saw him alive on Aug 25, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	2 mo
Due to Chronic Bronchitis	years
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 e

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 D

23. Signature J L Washburn (M. D. or other) MD

Address Versailles Mo Date signed 9/6/44

1029

(Licensed Embalmer's Statement on Reverse Side)

9-44-1129
10-9-44

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 [signature]

Licensed Embalmer No. 1596

P. O. Address Versailles 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.