

FILED OCT 24 1944
Registration District No. 1799

Primary Registration District No. 1002

Registrar's No. 3940

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
1809 Myrtle
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs
(Specify whether)

In this community 40 years
years, months or days

3. (a) PRINT FULL NAME Mrs Lana Colton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex He 5. Color or race WR

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

6. (b) Name of husband or wife Rubie D. Colton

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

7. Birth date of deceased Nov 29 1876
(Month) (Day) (Year)

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

67 10 1 hr. min.

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

10. Usual occupation at Home

MOTHER FATHER

11. Industry or business

12. Name Samuel Wilson

13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Gertrude George

(b) Address 5915 Springton

17. (a) Burial (Burial, cremation, or removal) Forest Hill

(b) Date thereof 10 2 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs C. E. G. G. G.

(b) Address 913-920 Broadway

19. (a) 10-2-44 (Date received local registrar)

(b) T. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Jackson City 49
(If outside city or town limits, write "RURAL")

(d) Street No. 3915 2nd Ave 3
(If rural, give location)

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

If yes, name country ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from about
Aug 9, 1943 to Sept 30, 1944
that I last saw her alive on Sept 20, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis 3 yrs
Duration

Due to Arteriosclerosis
Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death)

93 d

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature J. J. Ramsburg (M. D. or other)

Address 10730 prof. rd Date signed 10/2/44

261 (Licensed Embalmer's Statement on Reverse Side)

KEMW

Handwritten signature
No. 3434

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 *J. O. Herrick*
Licensed Embalmer No. *8599*
P. O. Address *St. C. 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.