

FILED NOV 24 1944
128

Registration District No.

Primary Registration District No. 2000

Registrar's No.

907

1. PLACE OF DEATH: GREENE
 (a) County GREENE
 (b) City or town SPRINGFIELD
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST. JOHN'S HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County GREENE
 (c) City or town SPRINGFIELD
 (If outside city or town limits, write "RURAL")
 (d) Street No. 602 S. FLORENCE AVE.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME ONA MILLION COLVIN.
 (b) If veteran, NONE (c) Social Security No. NONE
 name war

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 15th
 year 1944 hour 8 minute 30 P. M.

4. Sex FEMALE 5. Color of race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
 (b) Name of husband or wife. UNK. 6. (c) Age of husband or wife if alive UNK. yrs
 7. Birth date of deceased JAN. 7 1889
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-28 1944 to Nov. 17 1944
 that I last saw her alive on Nov 17 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 10 Days 8 If less than one day hr. min.

Immediate cause of death: Carcinoma of Uterus Duration 2 yrs.
 Due to High
 Other conditions: (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy: Biopsy - Proven Case.

9. Birthplace GLASGOW MO. U
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife
 11. Industry or business at Home
 12. Name Wm R. Million
 13. Birthplace Lewis Co. Mo. U
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Ann M. Campbell
 15. Birthplace Sheridan Co. Mo. U
 (City, town, or county) (State or foreign country)

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) (e) Means of injury

MOTHER FATHER
 16. (a) Informant Mrs. Sam F. Mauk
 (b) Address 602 S. Florence Ave. Springfield, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17, 1944
 (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Park Cemetery
 Springfield, Mo.
 18. (a) Signature of funeral director: J. W. King
 (b) Address Springfield, Mo.
 19. (a) 11-17-44 (Date received local registrar) (b) J. W. King (Registrar's signature)

23. Signature Dr. P. Masony (M. D. or other)
 Address Springfield, Mo. Date signed 11-17-44

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

39
6

SEP 7 1950

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 Ogden Stone Jr.
Licensed Embalmer No. 4776
P. O. Address Springfield

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.

LS