

Registration District No. 126

Primary Registration District No. 2001

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Dr. Springfield
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
815 First Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5
(d) Street No. 815 First Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Birkett Colvin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ella Winn Colvin 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 5, 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3
year 1944 hour 10 minute _____ A.M.
21. I hereby certify that I attended the deceased from Nov 21
1944 to Dec 3 1944
that I last saw him alive on Nov 3 Dec 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis Duration _____

8. AGE: Years Months Days If less than one day
84 5 28 hr. min.

Due to old age
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 93 e 1

10. Usual occupation retired

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Gideon M. Colvin
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Brannock
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Julia Grace Colvin
(b) Address 815 First St., Joplin, Mo.

17. (a) burial (b) Date thereof 12/5/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Newton Park Cemetery Nevada, Missouri

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 12-4-44 (b) Gertude Shuckler
(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? _____ (e) - Means of injury _____
23. Signature Clyde B. Sanders (Date) 12/14/44
Address Joplin, Mo. Date signed 12/14/44

44-12-1027

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.