. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1945

Registration District No. 3076

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3076

State File No. 14811

Registrar's No. 52

**1. PLACE OF DEATH:**

(a) County Vernon

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

(c) Name of hospital or institution: Nevada City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community about 40 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Vernon 108

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Robert Colson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ara Willis Colson

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

7. Birth date of deceased December (Month) 11th (Day) 1864 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| 8 | 80 | 4 | 3 | hr. min. |

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

10. Usual occupation Medical Doctor

11. Industry or business

FATHER
12. Name Archibald Colson
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Melissa Sevier
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E. P. Colson
(b) Address Schell City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Lute Lewis & Son
(b) Address Schell City, Mo.

19. (a) 4-17-45 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 14
year 1945 hour 10 minute 8 P.M.

21. I hereby certify that I attended the deceased from Feb, 1945, to Apr. 14, 1945
that I last saw him alive on Apr. 14, 1945
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Pernicious anemia | 6 Mo |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

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? (e) Means of injury

23. Signature E. R. King (M. D. ~~or other~~)
Address Nevada, Mo Date signed 4-17-45

133 (Licensed Embalmer's Statement on Reverse Side)

RE[illegible] Office No. 7,
[illegible] 4-45-414
Date Filed 5-9-45

**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 Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell City, 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.**