

FILED SEP 14 1945
Registration District No. 106

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. John's Hospital
(d) Length of stay: In hospital or institution 1 hour
In this community 1 hour

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. St. John's Hospital
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME David Lee Colson

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

4. Sex male Color or race white 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased August 11, 1945

8. AGE: Years Months Days If less than one day 0 0 0 2 hr. 45 min.

9. Birthplace Joplin Missouri

10. Usual occupation infant

11. Industry or business

12. Name John Colson, Jr.
13. Birthplace Joplin Missouri
14. Maiden name Wilma Johnson
15. Birthplace Joplin Missouri

16. (a) Informant John Colson, Jr.
(b) Address 2830 Pearl, Joplin, Missouri

17. (a) burial (b) Date thereof 8/11/45
(c) Place: burial or cremation Forest Park Cemetery

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

19. (a) 8-13-45 (b) Ed Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1945 hour 5:55 minute A M.

21. I hereby certify that I attended the deceased from 8/11/45 to 8/11/45 that I last saw him alive on 8/11/45 and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxiation due to anoxia of newborn
Due to: Prematurity of newborn
Due to: Spontaneous Delivery

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: no

Of autopsy: no

Duration

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) no
(b) Date of occurrence
(c) Where did injury occur? no
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature of physician E. Ernest Johnson
Address 617 F. Street, Joplin, Mo. Date signed 8/11/45

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

19
2
35

1004

45-8-700

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.