V. S. No. 2
00M—5-43
ev. 5-17-39.
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29589

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3836

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1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2740 Jackson /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community About 53 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2740 Jackson 8
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Arthur Colley

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife Hattie Colley

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased February (Month) 6, (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	7	6	..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Henry Colley
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name George Ann Freeman
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Hattie Colley

(b) Address 2740 Jackson

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/17/45 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia

19. (a) 9-17-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1945 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from 11 August, 1945, to 11 Sept, 1945
that I last saw him alive on 11 ~~August~~ Sept, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	
Due to Neurasthenia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 George D. Luft M.D. (M.D. or other)

Address 2123 E 15th St Date signed 14 Sept 1945

(Licensed Embalmer's Statement on Reverse Side)

Dr. Taft

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.....

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.