S. No. 2
M—5-43
5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 201

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 538

1. PLACE OF DEATH:

(a) County: St. Louis Mo.

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

(c) Name of hospital or institution: Priced Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 months (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Oklahoma (b) County: Tulsa Co 999

(c) City or town: Tulsa Okla. (If outside city or town limits, write "RURAL") 34

(d) Street No.: 1328 S. Indian St. (If rural, give location) NRO 2

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

If yes, name country

3. (a) PRINT FULL NAME: James Parnell Colvin.

3. (b) If veteran, name war: World War #1. 3. (c) Social Security No.

4. Sex: Male 1 | 5. Color or race: W | 6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Nora Colvin 6. (c) Age of husband or wife if alive: 44 years

7. Birth date of deceased: Sept (Month) 23 (Day) 1891 (Year)

8. AGE: Years 54 | Months 3 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace: Bonham Texas 1 (City, town, or county) (State or foreign country)

10. Usual occupation: Conductor

11. Industry or business: Railroad

MOTHER FATHER

12. Name: Jim Colvin 1

13. Birthplace: Texas 1 (City, town, or country) (State or foreign country)

14. Maiden name: Jemima Gilbert.

15. Birthplace: Texas 1 (City, town, or country) (State or foreign country)

16. (a) Informant: Nora Colvin

(b) Address: 1328 S. Indian St. Tulsa Okla

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: JAN 17 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Tulsa Okla

18. (a) Signature of funeral director: KRIEGSHAUSER MORT.

(b) Address: 4728 So. Yampa highway

19. (a) JAN 17 1946 (Date received local registrar) (b) J. F. Bellock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th year 1946 hour 3 P minute 40 P.M.

21. I hereby certify that I attended the deceased from 3-Nov 1945 to 16-Jan 1946 that I last saw him alive on 16-Jan 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Respiratory failure	2 days
Due to: Metastasis from carcinoma	
Due to: Carcinoma of Spine	3 months
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Carcinoma of Spine Cervical region 9th + 10th Vert.

Of autopsy: none

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 H. Gillett (M. D. or other) MD

Address: 4960 Laclede St. Louis Mo Date signed 16-Jan-46

(Licensed Embalmer's Statement on Reverse Side)

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

2410

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 Edwin J. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.