

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 25 1946
Registration District No. 59

Primary Registration District No. ~~1000~~ 5229 Registrar's No. 7

1. PLACE OF DEATH: Cass
 (a) County Cass
 (b) City or town Rural (POLK) Mo.
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 50 years
 years, months or days

3. (a) PRINT FULL NAME Rosetta Frances Colvin
 3. (c) Social Security _____
 8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased: June 5 1866
 (Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 22 If less than one day
 hr. _____ min. _____

9. Birthplace Falmouth Ky.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business THOMAS BRADFORD

12. Name ?
 13. Birthplace Ky.
 (City, town, or county) (State or foreign country)

14. Maiden name Nancy Cronman
 15. Birthplace Ky.
 (City, town, or county) (State or foreign country)

16. (a) Informant Don Hannah, Jr.
 (b) Address Pleasant Hill, Mo.

17. (a) Rural (b) Date thereof 12-29-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Strasburg, Missouri

18. (a) Signature of funeral director Allen Brownfield
 (b) Address Pleasant Hill, Missouri

19. (a) Jan 7-1946 (b) Laura J. Jones
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cass 19
 (c) City or town Rural 3 miles South of Strasburg. (If outside city or town limit write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
 year 1945 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec. 1, 1945, to Dec. 27, 1945;
 that I last saw her alive on Dec. 27, 1945;
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Arterio-sclerosis

Due to hypertension

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 10
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. V. Murray, M.D. (M.D. or other)
 Address Pleasant Hill, Mo. Date signed 12-29-45

Duration

5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100094

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.....

By me - 12-28-45....., Registered Apprentice No.....
working under my personal supervision.

Signed *Allen Brownfield*.....

Licensed Embalmer No. *3785*.....

P. O. Address *Pleasant Hill, Va.*.....

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, above space should be left blank.