

No. 2
M-5-43
5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES HEALTH DEPARTMENT
STANDARD CERTIFICATE OF DEATH

17636

FILED MAY 16 1946

State File No. _____

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 81

1. PLACE OF DEATH: Phelps

(a) County _____

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

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

(d) Length of stay: In hospital or institution 6 days
(Specify whether)

In this community 3 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County PHELPS 81

(c) City or town ROLLA MO 2
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) 2

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

If yes, name country _____

3. (a) PRINT FULL NAME MAMIE B. COLVIN

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-3-46 day 3
year 46 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 4-28 1946 to 5-3 1946
that I last saw him alive on 5-3 1946
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

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

6. (b) Name of husband J. L. COLVIN

6. (c) Age of husband or widow alive 47 years

7. Birth date of deceased 2 18 1907
(Month) (Day) (Year)

Immediate cause of death: Perforated gastric ulcer

Duration _____

8. AGE: Years 39 Months 2 Days 15
If less than one day hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace CROTHERVILLE IND.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name JOHN MARHANKA

13. Birthplace CROTHERVILLE IND.
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant J. L. COLVIN

(b) Address ROLLA MO

17. (a) BURIAL (b) Date thereof 5-6-46
(Burial, cremation, or re-cremation) (Month) (Day) (Year)

(c) Place: burial or cremation MASONIC CEM.

18. (a) Signature of funeral director W. E. Liederer

(b) Address 57 James Ave

19. (a) May 13, 1946 (b) M. J. Harney
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature M. J. Harney (M. D. or other) _____

Address Rolla, Mo. Date signed 5-13-46

(Licensed Embalmer's Statement on Reverse Side)

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

16916

252

MAY 17 1946

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 *H. G. Kichler*

Licensed Embalmer No. 3191

P. O. Address *L. J. Gemmy, Inc.*

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.