S. No. 2
M—5-43
. 5-17-39
> I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23439

Registration District No. 127 Primary Registration District No. 42-25 Registrar's No. 85.

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Oregon Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brown Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt 44
(c) City or town Mound City Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CORA DELOLO COLWELL

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

4. Sex Female 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) - 21 (Day) - 1870 (Year)

8. AGE: Years 76 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Graham (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Work
11. Industry or business
FATHER
12. Name Bowen Zachary
13. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Nancy Paschal
15. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)
16. (a) Informant Ralph Colwell
(b) Address Mound City
17. (a) Maitland Bud (Burial, cremation, or removal) (b) Date thereof July 22-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Maitland Mo
18. (a) Signature of funeral director Pettijohn & Crawford
(b) Address Mound City Mo.
19. (a) July 23 (Date received local registrar) (b) 46 Jeremy (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 18
year 1946 hour 9 45 minute P M.

21. I hereby certify that I attended the deceased from July 12 1946, to July 19 1946;
that I last saw her alive on July 18 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 week
Due to —	
Due to —	
Other conditions Paralytic Ileus (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy —

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? none (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 0

23. Signature E F Kearney (M. D. or other)
Address Oregon Mo Date signed 7/20/46

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 James H. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.