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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30665

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 3 weeks (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 101 N. Oak 5 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Guy Colvin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 18 (Day) 1895 (Year)

8. AGE: Years 50 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Galena (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Laborer

11. Industry or business General

FATHER
12. Name Perry S. Colvin
13. Birthplace (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Lucinda Kirby
15. Birthplace Louisville (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mrs W. E. Peters

(b) Address 312 W 14th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12-46 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Harwhill Dillon

(b) Address Joplin Mo

19. (a) 9-10-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 1946 hour 6 minute P M.

21. I hereby certify that I attended the deceased from 18 August, 1946, to 9th Sept, 1946; that I last saw him alive on 9 Sep, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage

Due to Stab wound left lung

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

167

Duration

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) homicide

(b) Date of occurrence 18 Aug 1946

(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? (e) Means of injury Knife

23. Signature [illegible] (M. D. or other)

Address 615 Frisco Bldg Date signed 9/10/46

(Licensed Embalmer's Statement on Reverse Side)

46-8-805

OCT 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.....David Dillon.....

Licensed Embalmer No.....3898.....

P. O. Address.....Joplin, 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.