

No. 2
12-45
-17-39
X47070

FILED MAR 5 1947
Registration District No. 136

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 1904 Grand Ave., /
(If not in hospital or institution, write street number or location)

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

In this community Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1904 Grand 8
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Paul Eaton Colson

3. (b) If veteran, name war World War 2

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Lorene

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

7. Birth date of deceased December 30, 1912
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>1</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Nevada: Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business Colson Plumbing Co.,

12. Name L. E. Colson

13. Birthplace Henry County— Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Veda Eaton

15. Birthplace Vernon County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lorene Colson

(b) Address 1904 Grand, Joplin, Mo.

17. (a) Burial (b) Date thereof 2-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director Parker Hunsaker

(b) Address 1502 Joplin, Joplin Mo.

19. (a) 2-19-47 (b) Ed Danner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1947 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death 5 degree Burns over

Due to entire Body

Due to Pursued to death in home - caused by

Other conditions (existing previous to 3 months before death) Cutting certain electrical wires

Major findings: Of operations _____

Of autopsy 1st degree Burns

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence 2/11/47

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

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

(e) Did injury occur while at work? no (Specify type of place)

(f) Means of injury Burns

23. Signature Ed Danner (M. D. or other) Ed
Address 2114 Joplin Date signed 2/14/47

47-2-145

MAR 6 1947

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 F. M. Jones

Licensed Embalmer No. 2319

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.