

FILED MAY 6 1947

Registration District No. **202**

Primary Registration District No. **5887**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County **Ozark**  
(b) City or town **Ozark**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME **Herbert Victoria Colver**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased **Nov-12-1909**  
(Month) (Day) (Year)

8. AGE: Years **37** Months **5** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Ozark Co., Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business \_\_\_\_\_

12. Name **Robert Daugherty - 9**

13. Birthplace **Franklin, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Green Daugherty**

15. Birthplace **Ozark Co., Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Green Daugherty**

(b) Address **Ozark, Mo.**

17. (a) \_\_\_\_\_ (b) Date thereof **4-20-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark, Mo.**

18. (a) Signature of funeral director **Robert Thomas**

(b) Address **Metairie, Mo.**

19. (a) **4-20-47** (b) **Carl Davis**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ozark**  
(c) City or town **Ozark**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D.** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **19**  
year **1947** hour **2** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **March 26**, 19**47**, to **April 14**, 19**47**;  
that I last saw h.s.r. alive on **April 14**, 19**47**;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Coronary Collapse**  
**Thrombocytopenic purpura**  
Due to **Chronic Myocarditis**

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **ASD**  
Of operations \_\_\_\_\_

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 **Amiel R. Lewis** (M.D. or other) \_\_\_\_\_

Address **Bakersfield, Mo.** Date signed **4-21-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**