S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1947

Registration District No. 267

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32019

Primary Registration District No. 5900

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Pemiscot

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 11 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. 1½ mi West During Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Samuel Lee Kolwyck

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W

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

6. (b) Name of ~~husband~~ or wife Eula B. Kolwyck

6. (c) Age of ~~husband~~ or wife if alive 57 years

7. Birth date of deceased Jan (Month) 8 (Day) 1878 (Year)

8. AGE: Years 69 Months 7 Days 22 If less than one day hr. min.

9. Birthplace Dorton (City, town, or county) Tenn (State or foreign country)

10. Usual occupation

11. Industry or business Farmer

FATHER
12. Name James Wesley Kolwyck
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Eliza Newman
15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harvey Gill
(b) Address Hayti, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-31-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director La Forge Und. Co.
(b) Address Caruthersville, Mo.

19. (a) 8-11-47 (Date received local registrar) (b) John H. Girman (Registrar's signature) 21 5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 4 hour 400 minute P. M.

21. I hereby certify that I attended the deceased from August 28, 1947, to Aug. 30, 1947, that I last saw him alive on Aug. 30, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemmorhage — Duration 2 days 21 hours

Due to Hypertension + arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83A

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? (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 2

23. Signature F. B. Farnsworth (M. D. or other) DO
Address Braggadocio, Mo. Date signed 8-30-47

(Licensed Embalmer's Statement on Reverse Side)

9-47-267

SEP 24 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 Noel C Dean

Licensed Embalmer No. 3941

P. O. Address Carrthersville 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, above space should be left blank.