No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34070

FILED OCT 27 1947

Registration District No. 943 Primary Registration District No. 5340 Registrar's No. 81

1. PLACE OF DEATH:
(a) County Dade
(b) City or town RURAL — Smith Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lockwood Rt 3 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3½ weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1002 Olive St 3
(If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Ellen Colley
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex female 1 5. Color or race white 6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Walter Colley 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased February (Month) 27 (Day) 1875 (Year)

8. AGE: Years 72 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Dade Co (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name William Bird
13. Birthplace Dade Co (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Sarah Ann Sooter
15. Birthplace Dade Co (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Walter Colley
(b) Address 1002 Olive - Carthage, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Round Grove Cem
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo
19. (a) 10-19-47 (Date received local registrar) (b) Geo R. Weir (Registrar's signature) 79

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1947 hour 5:45 minute 8 M.

21. I hereby certify that I attended the deceased from Oct 10, 1947, to Oct 11, 1947;
that I last saw her alive on Oct 11, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of larynx	1½ yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

47 A

PHYSICIAN
Underline the cause of 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 Raymond A. Carlson (M. D. or other) DO
Address Golden City, Mo Date signed 10-11-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6
District File Number 1047-1098
Date Filed OCT 25 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 Frank W. Knell Jr

Licensed Embalmer No. 4440

P. O. Address: Carthage

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.