. No. 2
—1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 3 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1017

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 246

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 2112 Forest
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2607 Benton Blvd. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Holmon Colbert

3. (b) If veteran, name war No

3. (c) Social Security No. 431-46-7364

4. Sex Female 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Div. 4

6. (b) Name of husband or wife William Colbert

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

7. Birth date of deceased February 14, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	~~10~~ 11	~~14~~ 4	..... hr. ..... min.

9. Birthplace Homer, Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business

FATHER
12. Name Unk own 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Willie L. Allen
(b) Address 2607 Benton Blvd.

17. (a) Burial (b) Date thereof 1/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia Ave.

19. (a) 1-19-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1948 hour 10 minute 55 P M.

21. I hereby certify that I attended the deceased from Sept 9 1947, 19.. to Jan. 18, 1948
that I last saw her alive on Jan 17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Bronchogenic carcinoma	
(2) Toxemia	
(3) Asphyxia due to Bronchial Obstruction	

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 47C

Of autopsy

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 0

23. Signature Royce B. Fleming (M. D. ~~or other~~)
Address 1830 Vine St Date signed 1/19/48

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

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 Jerome Moulon

Licensed Embalmer ~~No.~~ 994

P. O. Address 2503 Highland

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.