

No. 300
-10-47
-5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4776**
Registrar's No. **860**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **7 E. Gregory Blvd.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **18 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lloyd Purvis Colvin**

3. (b) If veteran, name war **World War 1**

3. (c) Social Security No. **252-07-3638**

4. Sex **Male** **White**

5. Color or race **White**

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

6. (b) Name of husband or wife **Mrs. Caroline G. Colvin**

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased: **Feb. 2nd. 1898**
(Month) (Day) (Year)

8. AGE: Years **50** Months **0** Days **22**
If less than one day hr. min.

9. Birthplace: **Leavenworth Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **Faeth Company**

12. Name **Andrew Thomas Colvin**

13. Birthplace **Don't know**
(City, town, or county) (State or foreign country)

14. Maiden name **Carrie Purvis**

15. Birthplace **Mass.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Caroline G. Colvin**

(b) Address **7 East Gregory Blvd.**

17. (a) **Burial** (b) Date thereof **2/26/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Mo.**

19. (a) **2-25-48** (b) **Thereldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **7 E. Gregory Blvd.**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **24th.**
year **1948** hour **6:30** minute **0** M.

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

Immediate cause of death **Right & Left Coronary occlusion**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **9/4a**

Major findings: **9/4a**

Of operations _____

Of autopsy **yes as above**

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury **Car**

23. Signature **James C. Walker** (M. D. or other) **Carson**
Address **1424 1/2 N. 1st** Date signed **2-24-48**

JUL 12 1957

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 Walter H. Corwin

Licensed Embalmer No. 4352

P.O. Address Kanona City, 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.