

S. No. 2
M-1/47
v. 5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

15981

State File No.

FILED JUN 14 1948

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 458

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1861 N. Benton
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1861 N. Benton
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elender Colvard

(b) If veteran, name war no

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1948 hour 4 minute 15 P.M.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Thomas Newton Colvard

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 26 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-15 1948 to 5-29 1948 that I last saw her alive on 5-26 1948 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>2</u>	<u>3</u>	hr. <u>0</u> min.

Immediate cause of death Suicide by Poison

Duration 1 yr

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

Due to.....

Due to.....

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Housewife

Major findings: Of operations 1478

12. Name William Darden

Of autopsy.....

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name America O'Cally

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

16. (a) Informant Thomas Colvard

(b) Address 1861 N. Benton

17. (a) burial (b) Date thereof 6-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellview Cem.

18. (a) Signature of funeral director J. W. Klingner

(b) Address Springfield

19. (a) 6/11/48 (b) J. W. Handley
(Date received local registrar) (Registrar's signature)

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 W. H. [unclear] (M. D. or other) M.D.

Address Springfield Mo Date signed 6-1-48

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

29
2
6

11/14/48

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.....

Ogle Stone Jr.

Licensed Embalmer No.....

4176

P. O. Address.....

Springfield

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.