

STANDARD CERTIFICATE OF DEATH

State File No. **32008**

National Office of Vital Statistics

FILED NOV 13 1948

Registration District No. **37**Primary Registration District No. **4049**Registrar's No. **32****1. PLACE OF DEATH:**

(a) County **Boone**

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

(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **George Newton Colvin**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Virginia Allen Colvin** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **2 - 15 - 1868**
(Month) (Day) (Year)

8. AGE: Years **80** Months **8** Days **19** If less than one day **hr. min.**

9. Birthplace **Boone County, Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Carpenter - Farmer****11. Industry or business:**

12. Name **James T. Colvin**

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

14. Maiden name **Martha Eneline Woizer**

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

16. (a) Informant **Mrs. Virginia Colvin**

(b) Address **Centralia, Missouri**

17. (a) **Burial** (b) Date thereof **10/6/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nashville Cemetery**

18. (a) Signature of funeral director **Paul P. Ballard**

(b) Address **Centralia, Missouri**

19. (a) **Nov 2 - 1948** (b) **Maud M. Prude**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **707 E. 5th St.**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **11** year **1948** hour **9** minute **35** P.M.

21. I hereby certify that I attended the deceased from **7-3-45** 19____, to **11-4-1948** 19____
that I last saw him alive on **11-4-1948** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Endocarditis**

Due to **Arteriosclerosis & Atherosclerosis**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 _____

23. Signature **J. P. Ballard**
Address **Centralia, Mo** Date signed **11-5-48**

PHYSICIAN

Underline the cause of which death should be charged statistically.

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 10 1948

NOV 16 1948

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 Paul G. Baller

Licensed Embalmer No. 4206

P. O. Address Centralia, Missouri

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.