

41978

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 20 1942

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution 900 N. 3rd St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 2 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry

(c) City or town Usual - with - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. South of Urish - mo. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME WILLIAM ALLEN COLSON

3. (b) If veteran, name war none

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10th
year 1941 hour 7:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept., 1941, to Dec 10, 1941, that I last saw him alive on Nov 24, 1941, and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race W

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

6. (b) Name of husband or wife EMMA COLSON

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

7. Birth date of deceased: Nov 28 1850
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Duration _____

8. AGE: Years 91 Months 0 Days 12 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation FARMER

Other conditions 95%
(Include pregnancy within 3 months of death)

11. Industry or business ✓

MOTHER FATHER

12. Name JAMES COLSON

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

14. Maiden name UNKNOWN

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

Major findings: 95%

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Ralph Colson

(b) Address Clinton Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Dec 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak, Cemetery

(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? _____

18. (a) Signature of funeral director W. A. Linsant

(b) Address Clinton Mo.

(Specify type of place) _____

(e) Means of injury _____

19. (a) Dec 12, 1941 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

23. Signature Joseph B. O'Neil (M. D. or other) _____

Address Clinton Mo. Date signed 12-19-41

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

FORM 6-1-39 Rev. 5-17-38 U.S. GPO 1619511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District No. 12-41-2180

Date Filed 1-13-42

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

H. J. Vassant, Registered Apprentice No. _____
working under my personal supervision.

Signed H. J. Vassant

Licensed Embalmer No. 3779

P. O. Address Calintou, 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, above space should be left blank.