

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 907

FILED JAN 27 1948
National Office of Vital Statistics
Registration District No. 7

Primary Registration District No. 5506

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Herry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution County Home 5
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 17 DAYS
(Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Herry 42
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. County Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JONATHAN COLSON

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased May 26 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 7 24 hr. min.

9. Birthplace Overland Co. Kans. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name James Colson 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Mary Anna
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Glenn Francis
(b) Address Clinton, Mo P.O. #

17. (a) Burial (b) Date thereof 1-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cem

18. (a) Signature of funeral director H. S. Gausman
(b) Address Clinton

19. (a) 1-21-48 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1948 hour 5 minute 7 P. M.

21. I hereby certify that I attended the deceased from 1-20 19 48

that I last saw him live on 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Sensility

Due to
Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations B

Of autopsy 16

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)

23. Signature R. G. Powell (M. D. or other) Do
Address Clinton Mo Date signed 1/21/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
100-1-1-307
Date Filed ~~1-2-77~~

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 H. J. Varsant
Licensed Embalmer No. 3779
P. O. Address Clinton

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.