

Registration District No. **7625-**Primary Registration District No. **3051**Registrar's No. **RHC**

## 1. PLACE OF DEATH:

(a) County **Nodaway**  
 (b) City or town **Maryville**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**422 W. Lincoln**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community **Life**  
years, months or days

3. (a) PRINT FULL NAME **Lola May Colby** **410**3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**6. (b) Name of husband or wife **James Francis Colby** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased **Jan. 7, 1869**  
(Month) (Day) (Year)8. AGE: Years **71** Months **5** Days **2** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace **Maryville Mo.**  
(City, town, or county) (State or foreign country)10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Joseph Jackson**13. Birthplace **Steubenville Ohio**  
(City, town, or county) (State or foreign country)14. Maiden name **Amanda Boyles**15. Birthplace **Sparta Tenn.**  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Mrs. Mary Ream**(b) Address **Maryville Mo.**17. (a) **Burial** (b) Date thereof **June 11, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Oak Hill Cemetery**(a) Signature of funeral director **John W. Price**(b) Address **Maryville Mo.**(a) **June 11, 40** (b) **Mamie E. Charley**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**  
 (c) City or town **Maryville**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **422 West Lincoln St.**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9**  
year **1940** hour **8** minute **30** a. M.21. I hereby certify that I attended the deceased from **June 8**  
to **June 9**, 19**40**  
that I last saw him alive on **June 9**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

**Cerebral hemorrhage**Due to **hypertension****arterio-sclerosis**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

**\$7.00**

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? **550**

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **J. E. Egly** (M. D. or other) \_\_\_\_\_Address **Maryville, Mo.** Date signed **6/11/40**

RECEIVED

District Health Officer No. 11;

District File Number 740-1344

Date Filed JUL 15 1940

---

---

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 *John W. Price*.....

Licensed Embalmer No. 3229.....

P. O. Address *Maryville 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.