

SEP 16 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28753

Registration District No. 404

Primary Registration District No. 5558

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Wash. Park
(c) Name of hospital or institution: Kansas City
2016 East 83rd St 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 22 years
years, months or days

3. (a) PRINT FULL NAME Jennie Colvin
3. (b) If veteran, name war No
3. (c) Social Security No. 415
NO

4. Sex Fe.
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Isac B. Colvin
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased January 3 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>7</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Eves
13. Birthplace Canada
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Eliza Jane Sholt
15. Birthplace R. I.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Colven
(b) Address 2016 E. 83

17. (a) Burial (b) Date thereof Aug. 17, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn

19. (a) 8-23-40 (b) R. V. Lindsey, Jr.
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2016 E. 83
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15th
year 1940 hour 10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Mar. 21, 1940, to Aug. 15, 1940,
that I last saw her alive on Aug. 15, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
Gastric Carcinoma
Secondary Anemia
Chronic hypoxia

Due to _____
Due to 46
Other conditions (Includes 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? 3

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 80 * 1st St Date signed 8/16/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Theron A Redmon

Licensed Embalmer No. 2937

P. O. Address D.C. Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.