

Registration District No. **25**

Primary Registration District No. **5031**

Registrar's No. **105**

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Marionville Mo.
(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 None
(Specify whether)

In this community None
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. 501 South Mattis
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Clara Alice Barton Colwell

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 30, 1941, to Aug 16, 1941
that I last saw her alive on Aug 15, 1941
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Edward Fred Barton Colwell **(c) Age of husband or wife if alive** 55 years

7. Birth date of deceased. (Month) 3 (Day) 19 (Year) 1878

Immediate cause of death Chronic Chorea

Duration _____

8. AGE: Years 63 Months 4 Days 28 If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

10. Usual occupation House wife

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Bud Conklin

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

14. Maiden name Lucy M. Maxwell

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

16. (a) Informant Mrs Nellie Sherrill

(b) Address 704 1/2 St N.W. Watertown S.D.

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? _____

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 8-19-41
(Month) (Day) (Year)

(c) Place: burial or cremation Marionville, Missouri

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

18. (a) Signature of funeral director Marionville, Missouri

(b) Address 951 South Main Marionville, Mo

23. Signature K. C. [Signature] (M.D. or other) _____

Address Marionville Mo **Date signed** _____

19. (a) Aug 19 1941 (Date received local registrar) **(b)** [Signature] (Registrar's signature)

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..... *William Campbell*

Licensed Embalmer No..... *2620*

P. O. Address..... *Marquette MI*

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.