

FILED MAR 20 1942

Registration District No. **262**

Primary Registration District No. **4161**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **De Kalb**
 (b) City or town **Union Star, Mo.**
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community **33 yrs.** (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME **EMMA ESTHER COLVILLE**

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

4. Sex **F** / 5. Color or race **W** / 6. (a) Single, widowed, married, divorced, **married**
 6. (b) Name of husband or wife **Estyl Colville** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Jan. 14, 1900** (Month) (Day) (Year)

8. AGE: Years **42** Months **1** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Albany, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
 12. Name **Walter Garretson**
 13. Birthplace **Albany, Mo.** (City, town, or county) (State or foreign country)
 14. Maiden name **Grace Riggs**
 15. Birthplace **Bethany, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Estyl Colville**
 (b) Address **Union Star, Mo.**

17. (a) _____ (b) Date thereof **Feb. 22, 1942** (Month) (Day) (Year)
 (c) Place: burial or cremation **Union Star, Mo.**

18. (a) Signature of funeral director **Lucile M. Wilson**
 (b) Address **King City, Mo.**

19. (a) **2-20-42** (Date received local registrar) (b) **E. M. Reynolds** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **De Kalb**
 (c) City or town **Union Star** (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **20** year **1942** hour **7** minute **A** M.
 21. I hereby certify that I attended the deceased from **Jan 1** 19**42** to **Feb 20** 19**42**
 that I last saw **her** alive on **Feb 18** 19**42**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Hodgkins Disease** Duration **2 yrs**
 Due to _____

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **H48**
 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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____
 23. Signature **E. M. Reynolds** (M. D. or other)
 Address **Union Star, Mo.** Date signed **2-20-42**

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

200

237

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..... *Lucile M. Wilson*.....
Licensed Embalmer No..... *2830*.....
P. O. Address..... *King City, 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, fact should be so stated above.