

P. S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30650**
Registrar's No. **3956**

FILED SEP 28 1943
Registration District No. **799**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital #20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9-3-43-9-12-43**
(Specify whether **25 years**)
In this community **25 years**
years, months or days)

3. (a) PRINT FULL NAME **DAISY COLLEY**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **William Colley** 6. (c) Age of husband or wife if alive **18** years
7. Birth date of deceased **October 16 1882**
(Month) (Day) (Year)

8. AGE: Years **60** Months **10** Days **27** If less than one day hr. min.

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

10. Usual occupation **Domestic Work**

11. Industry or business
MOTHER FATHER { 12. Name **Richard Holmes**
13. Birthplace **Versailles Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Nannie Walker**
15. Birthplace **Lexington Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**
(b) Address **General Hospital #20**
17. (a) **removal** (b) Date thereof **9/15/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lexington, Mo**
18. (a) Signature of funeral director **T. E. Brown Bros**
(b) Address **1729 Lyda**

19. (a) **9-15-43** (b) **T. E. Brown, Dep.**
(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. **818 E. 10**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **12**
year **1943** hour **8:10** minute **a.** M.

21. I hereby certify that I attended the deceased from **September 3**, 1943, to **September 12**, 1943;
that I last saw her alive on **September 12**, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death **Adeno-Carcinoma of Cervix with generalized metastasis.**

Due to _____
Due to **48 hr**

Other conditions (Include 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? _____

While at work? _____ (Specify type of place) (Means of injury)
23. Signature **P. O. Terrell** (M.D. or other)
Address **Gen. Hosp. #2-600 E. 22** Date signed **9-14-43**

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

2881

[Faint handwritten text]

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..... *Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2502 Highland*

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.