V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2269

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 34

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. #1 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since Jan 25-1944 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis 14
(c) City or town Smithton (If outside city or town limits, write "RURAL") 1 2
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME Pearl Colvin
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jno. Colvin
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased Jan (Month) 13 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
38		17	hr. min.

9. Birthplace Smithton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework
11. Industry or business —
MOTHER FATHER
12. Name John Schlueing
13. Birthplace Smithton (City, town, or county) Mo. (State or foreign country)
14. Maiden name Mary Monaus
15. Birthplace Smithton (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Hosp. records
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 30 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Smithton, Mo
18. (a) Signature of funeral director J. F. Hemmeyer
(b) Address Smithton Mo
19. (a) 1-30-1944 (Date received local registrar) (b) Josie Monaus Hoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1944 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 25, 1944 to Jan 30, 1944 that I last saw h. alive on Jan 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death (a) Coronary occlusion (Thrombosis) death sudden
Due to Heat washing fire
Extremely disturbed state
Due to —
Other conditions Extreme mental disturbance with insulin shock and endocrine disturbance
(Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy none

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature P. S. Tate (M. D. or other)
Address State Hosp. #1 Date signed 1-30-44

(Licensed Embalmer's Statement on Reverse Side)

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 A. F. Nemmeyer

Licensed Embalmer No. 3412

P. O. Address Smithton, 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.