

FILED FEB 9 1944

Registration District No. 316

Primary Registration District No. 6073

Registrar's No. 142

1. PLACE OF DEATH

(a) County St. Francois  
(b) City or town Bonne Terre RR #1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Perry Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Desloge  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Idell Colson

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 Ira Colson 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased June 22 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 6 21 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation care of home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Lewis Mund  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia Hampton  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Orville Davis

(b) Address Bonne Terre Mo RR #1

17. (a) Burial (b) Date thereof Jan 16 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cemetery

18. (a) Signature of funeral director C. Z. Beyer  
(b) Address Desloge Mo

19. (a) JAN. 20, 1944 (b) Lydie Dubuonnet  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13  
year 1944 hour 2 minute 25 P.M.  
21. I hereby certify that I attended the deceased from Jan 12 - 1944  
Jan 12, 1944, to 1 - 13 - 1944, 1944;  
that I last saw him alive on 11 - 27 - 1943, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
osteitis myelitis -  
glycosuria  
Due to \_\_\_\_\_

Duration  
3 da  
2 hr

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

Major findings:  
Of operations \_\_\_\_\_  
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: no  
(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) (e) Means of injury \_\_\_\_\_

23. Signature W. A. Duckworth (M. D. or other) \_\_\_\_\_  
Address Desloge Mo Date signed 1-18-44

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

1176

RECEIVED

District Health Officer No. 4  
District File Number 244-3307  
Date Filed 2-7-44

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 C. J. Buser  
Licensed Embalmer No. 1671  
P. O. Address Dorsey 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.