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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10241

State File No.

Registrar's No. 83

Registration District No.

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Bever
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Laughlin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon
(c) City or town Bever
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Alma Colville

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 tecumseh Pitman Colville 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Oct 5 - 1897
(Month) (Day) (Year)

8. AGE: Years 46 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Thomas Hill Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name W. E. Eppley
13. Birthplace Thomas Hill Mo
(City, town, or county) (State or foreign country)
14. Maiden name Alvina Bailey
15. Birthplace Spokane
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wm Woodruff

(b) Address Bever Mo

17. (a) Buried (b) Date thereof 3/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West oakwood

18. (a) Signature of funeral director W. E. Eppley

(b) Address Bever Mo

19. (a) 3/12/44 (b) Mr. J. A. Wagner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3
year 1944 hour 10 minute 0 P. M.

21. I hereby certify that I attended the deceased from Feb 24
1944 to Mar 3 1944
that I last saw h. W alive on Mar 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration
Operation for Fibroid
Tumor of Uterus
Due to 56d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Tumor of Uterus
Of operations (fibroid) & post-operative
Of autopsy of bladder

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 2

23. Signature Wm E. Eppley D. or other _____
Address Bever Mo Date signed 3/14/44

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

MOTHER FATHER

APR 18 1944

RECEIVED

District Health Officer No. 10

District File Number 4-44-708

Date Filed APR 6 1944

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 *M. J. Edwards*

Licensed Embalmer No. 1961

P. O. Address Beverly 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.