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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 19 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27065**  
Registrar's No. **3441**

Registration District No. **149** 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**  
(c) Name of hospital or institution:  
**3041 Olive /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **none** (Specify whether  
In this community **60 years** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson** **48**  
(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3041 Olive** **8**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Harvey A. COLTON**  
(b) If veteran, name war **no**  
(c) Social Security No. **unknown**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **August** day **9**  
year **1946** hour **1** minute **12 A.** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Anna Belle Colton**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **August 26, 1868**  
(Month) (Day) (Year)

Immediate cause of death **Reputy Coronary Arterio sclerosis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **94a**

8. AGE: Years Months Days If less than one day  
**77 11 13** hr. \_\_\_\_\_ min.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **History & Inspection**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **Dayton, Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Landscape Gardener**  
11. Industry or business **Brandon & Sharp**

MOTHER FATHER  
12. Name **James Colton**  
13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Sarah Bamford**  
15. Birthplace **Peoria Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **James A. Colton**  
(b) Address **Chicago, Ill.**

17. (a) **Burial** (b) Date thereof **8-12-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Greenlaw Cemetery**

18. (a) Signature of funeral director **Walter Pigermani Funeral Home**  
(b) Address **2738 Prospectwood Blvd**

19. (a) **8-10-46** (b) **Geraldine Holman**  
(Date received local registrar) (Registrar's signature)

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 **Walter Pigermani** (M. D. or other) \_\_\_\_\_  
Address **7800 Mum** Date signed **8/10/46**

**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 *Blaw E. Heck*

Licensed Embalmer No. *4063*

P. O. Address. *Kansas 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:**