

No. 2
5-43
17-39
X36671

FILED SEP 11 1946

State File No. _____

Registration District No. 370

Primary Registration District No. 6151

Registrar's No. 13

1. PLACE OF DEATH:

(a) County STODARD CO.

(b) City or town RURAL Catron, MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
NON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 14 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County STODARD 103

(c) City or town RURAL NEAR CATRON, MO 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME GEORGIE M. COLMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 22
year 46 hour 10 AM/minute _____ M.

4. Sex F 5. Color or race COL.

6. (a) Single, widowed, married, divorced W.M.O.

6. (b) Name of husband or wife Tom COLMAN HUSB.

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased DEC 25 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 22 1946 to July 22 1946
that last seen alive on July 22 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>6</u>	<u>27</u>	_____ hr. _____ min.

Immediate cause of death during child health
Leakage of Heart

Due to _____

Due to _____

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? _____

23. Signature G. N. Wilson (M. D. or other) _____
Address Lilbourn Mo Date signed 7-26-46

While at work (Specify type of place) _____ (e) Means of injury _____

MOTHER FATHER

11. Industry or business NON

12. Name GEORGE EWING

13. Birthplace MISS
(City, town, or county) (State or foreign country)

14. Maiden name REBUCKA ROBISON

15. Birthplace MISS
(City, town, or county) (State or foreign country)

16. (a) Informant TOM COLMAN

(b) Address Catron Mo

17. (a) Buried (b) Date thereof 7/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catron Mo

18. (a) Signature of funeral director L. M. Hill

(b) Address Lilbourn Mo

19. (a) Aug 6 46 (b) Lottie Jeffress
(Date received local registrar) (Registrar's signature)

351

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

1
-M
14
RECEIVED

District Health Office No. 2

District File Number 946 1089

Date Filed _____

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 L. M. Hill.....

Licensed Embalmer No. 2627.....

P. O. Address Lilbourn, N.H......

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sept
Registrar's No. 13

Registration District No. 340 Primary Registration District No. 6151

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Patron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME Georgie M. Colman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife Tom 6. (c) Age of husband or wife if alive _____
7. Birth date of deceased Dec 25 1901
(Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Tom Colman

(b) Address Patron Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28-46
(Month) (Day) (Year)

(c) Place: burial or cremation Patron Mo.

18. (a) Signature of funeral director L. M. Hill

(b) Address Lilbourn Mo

19. (a) Aug 5, 1946 (Date received local registrar) (b) Lottie Jefferson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July Day 22 Year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ above on _____, 19____; and that death occurred on the date and hour stated above.

Duration _____
Immediate cause of death _____
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____
While at work? _____ (Specify type of place) _____ (c) Means of injury _____

23. Signature G. N. Wilson (M. D. or other) _____
Address Lilbourn Mo Date signed 7/26-46

SUPPLEMENTARY

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

29313