

2  
43  
39  
35897

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

Registration District No. **149**

Primary Registration District No. **1002**

**1. PLACE OF DEATH:**

(a) County **Jackson**

(b) City or town **J.C. Mo**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Research Hosp. 0**  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution **2 months**  
(Specify whether years, months or days)

In this community **2 months**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson 42**

(c) City or town **Warrensburg Mo**  
(If outside city or town limits, write "RURAL")

(d) Street No. **R.R. No 1**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Janna Mae Colby**

**3. (b) If veteran,** name war **no**

**3. (c) Social Security** No. **None**

**4. Sex** **fe** **5. Color or race** **W**

**6. (a) Single, widowed, married, divorced** **Married**

**6. (b) Name of husband or wife** **Jesse Colby**

**6. (c) Age of husband or wife if alive** **58** years

**7. Birth date of deceased** **Dec - 4 - 1891**  
(Month) (Day) (Year)

**8. AGE:** Years **55** Months **0** Days **10**  
If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min

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

**10. Usual occupation** **Housewife**

**11. Industry or business** **Housewife**

**12. Name** **Det. J. Peterson**

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

**14. Maiden name** **Edith Peterson**

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

**16. (a) Informant** **Jesse Colby**

**(b) Address** **Warrensburg Mo**

**17. (a) Burial** (b) Date thereof **12-16-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Mt Olivet**

**18. (a) Signature of funeral director** **Edgar James Home**

**(b) Address** **J.C. Mo**

**19. (a) 12-14-46** (b) **Seraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Dec** day **14** year **1946** hour \_\_\_\_\_ minute **8 A.** M.

**21. I hereby certify that I attended the deceased from** **Oct 16** 1946 to **12 14** 1946;  
that I last saw her alive on **8-13** 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death **General Carcinomatosis**

Due to **Ca Ovary**

Due to **1940**

Other conditions **Terminal Pregnancy**  
(Include pregnancy within 3 months of death)

Major findings: **Brain, Bronch, etc**

Of operations **gastro, uterine, etc**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

**23. Signature** **J.B. Beach** (M. D. or other) \_\_\_\_\_

Address **K.C. Mo** Date signed **12-14-46**

JUN 12 1951

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. 2955

P. O. Address..... K.C. 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.**