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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1947

Registration District No. 4

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 4111

Registrar's No. 66

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

2
7
3

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution: Poplar Bluff 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Da. (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley 91

(c) City or town 11 miles S of Doniphan 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME JOYCE JEAN COLBURN

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 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 29 (Day) 1947 (Year)

8. AGE: Years | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Ripley Co. (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Clinton Colburn
13. Birthplace Ripley Co. (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Jennie Merritt
15. Birthplace Butler Co. (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Clint Colburn
(b) Address Doniphan Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cem

18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor Mo

19. (a) 2-12-47 (Date received local registrar) (b) DH Nunetine (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 8
year 1947 hour 2 minute 47 M.

21. I hereby certify that I attended the deceased from Feb 7, 1947, to Feb 8, 1947;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

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

Major findings:
Of operations 108

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:

(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 —

23. Signature H O Henrickson (M. D. ~~or other~~)

Address Poplar Bluff Mo Date signed 2/8/47

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 242-263
Date Filed 2-18-47

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 Lyman McCord

Licensed Embalmer No. 4079

P. O. Address Naylor 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.