

No. 2
-1/47
17-39

896

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED FEB 4 1948

Registration District No. 9

Primary Registration District No. 4217

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Irish
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1st Natl. Bank of Irish
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 79 yrs. (Specify whether
In this community 79 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME George Washington Colson
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 28
year 1948 hour 1 minute 20 A.M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie Colson
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased 6-26-1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15 1948 to Jan 27 1948
that I last saw him alive on Jan 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Cardio-Renal Disease

8. AGE: Years 89 Months 7 Days 2
If less than one day _____ hr. _____ min.

Duration 10 hrs
PHYSICIAN _____
Underline the cause of which death should be charged statistically.

9. Birthplace Overton Co. Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retail

12. Name Jim Colson

13. Birthplace unknown

14. Maiden name Polly Arms

15. Birthplace unknown

16. (a) Informant Mrs. Maggie Colson

(b) Address Irish, Missouri

17. (a) Burial (b) Date thereof 1-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak

18. (a) Signature of funeral director J. B. Hennessey

(b) Address Irish, Mo.

19. (a) 1-28-48 (b) J. B. Hennessey
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 127A
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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury (1)

23. Signature J. B. McDonald (M. R. or other) _____
Address Irish 28-48 - Irish Mo Date signed _____

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 1-48-16
Date Filed 2-3-18

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.....

Paul W. Wilkerson Jr. Registered Apprentice No. 434
working under my personal supervision.

Signed Kirk W. Wilkerson
Licensed Embalmer No. 2478

P. O. Address.....

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.