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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27318  
Registrar's No. 108

Registration District No. 290

Primary Registration District No. 5983

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

1. PLACE OF DEATH:  
(a) County Bolivar  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Enroute to Waynesville Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Enroute in car years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Phelps  
(c) City or town Rolla  
(If outside city or town limits, write "RURAL")  
(d) Street No. Highway 63 S.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME UNAMED COLVIN INFANT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Wk. 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 30 1948  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 2 hr. 30 min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Eugene Colvin  
13. Birthplace Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Ava Davis  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Colvin

(b) Address Highway 63 S. Rolla  
17. (a) Burial (b) Date thereof 7-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beaver Cemetery

18. (a) Signature of funeral director W. L. Adams, Jr.  
(b) Address Rolla, Missouri

19. (a) 9-9-48 (b) Helma C. Buckholz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1948 hour 8 minute 30 A.M.  
21. I hereby certify that I attended the deceased from 7-30-48  
\_\_\_\_\_, 19\_\_\_\_, to 7-30, 1948  
that I last saw h. alive on 7-30, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death prematurity (6 months baby)  
lived 2 or 3 hours  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
157  
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) (c) Means of injury \_\_\_\_\_  
23. Signature E. E. Paul, M.D. (M. D. or other) \_\_\_\_\_  
Rolla Mo. Date signed 8-5-48

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**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..... *Paul E. Null*

Licensed Embalmer No. *4498*

P. O. Address..... *Rolla*

**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.**