

FILED JAN 15 1949
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
2 W. 52nd St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. X
50 Years (Specify whether years, months or days)

In this community 50 Years

3. (a) PRINT FULL NAME Mrs. Ida Ella Colvin

3. (b) If veteran, name war X

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John H. Colvin

6. (c) Age of husband or wife if alive Dec. 18 1867 years

7. Birth date of deceased Feb. 18 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>10</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business _____

12. Name Enos Kelsey

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

14. Maiden name Posina Chapin
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Cyrus Campbell

(b) Address 2 W. 52nd St.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12 30 48
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director STINE & McCLURE

(b) Address 3235 GILLHAM PLAZA K.C., MO.

19. (a) 12-31-48 (Date received local registrar)

(b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2 W. 52nd St.
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28
year 1948 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from 1947 to Dec 28, 1948
and that death occurred on the date and hour stated above. Dec 27, 1948

that I last saw her alive on Dec 27, 1948

Immediate cause of death cerebral hemorrhage

Duration 2 weeks

Due to hypertension

Due to senility changes

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 83a

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? _____

Wm. R. Jackson (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm. R. Jackson (M. D. or other)

Address 1107 Bryant B Date signed 1/10/49

Wm R. Jackson
Bryant Lic. 0848
\$5.00 only to day
and of city to morrow

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 Rolind H Reed

Licensed Embalmer No. 3240

P. O. Address H. C. Me.

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.