

MAY 20 1940

Registration District No. **693**

Primary Registration District No. **5920**

1. PLACE OF DEATH:

(a) County **PLATTE** *Princeton, Mo*
(b) City or town **RURAL**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 MILES south of Ridgeley, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
(Specify whether years, months or days) **60 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **PLATTE**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **0 2 MILES south of Ridgeley, M.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APR.** day **18**
year **1940** hour **8:30 A.M.** minute _____ M.
21. I hereby certify that I attended the deceased from **April 10**
19 **40** to **April 18**, 19 **40**
that I last saw h. e. alive on **April 17**, 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial degeneration

Due to

Intensified atherosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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? **624**
While at work? (Specify type of place)
(e) Means of injury _____

23. Signature **W. H. Belmont** (M. D. or other) _____
Address **Smithville, Mo** Date signed **4/21/40**

3. (a) PRINT FULL NAME **FRANKLIN P. COLLIER 460**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **MARIE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ELLEN GUSTIN** 6. (c) Age of husband or wife if alive **83** years

7. Birth date of deceased **Nov 26 1863**
(Month) (Day) (Year)

8. AGE: Years **86** Months **4** Days **23** If less than one day hr. min.

9. Birthplace **CRAB ORCHARD Ky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER (RETIRED 12 YEARS)**

11. Industry or business **SAME**

12. Name **JOHN COLLIER**

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

14. Maiden name **ZELPHA THOMPSON**

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

16. (a) Informant **MISS EVA COLLIER**

(b) Address **Edgerton, Mo. R.F.D.**

17. (a) **BURIAL** (b) Date thereof **APR 20, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **RIDGELEY, MO**

18. (a) Signature of funeral director **McCAMAS Mortuary**

(b) Address **Smithville, Missouri**

19. (a) **5/15/40** (b) **Virian R. Cook**
(Date received local registrar) (Registrar's signature)

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

83

RECEIVED

District Health Officer No. 111

District File Number 540-781

Date Filed MAY 17 1940

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 *S. A. McCosmas*

Licensed Embalmer No. 2303

P. O. Address *Smithville, 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, above space should be left blank.