

FILED JUN 17 1940

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1111 North River Blvd - 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 7 years _____
years, months or days) _____

8. (a) PRINT FULL NAME Carmelia Elizabeth McCollum

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wld. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife H.W. McCollum 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 4 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Home maker

12. Name Haga Mathis

18. Birthplace Charleston So Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Susan Kirby

15. Birthplace Spartanburg So Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pletcher

(b) Address 1111 No River, Indyp. Mo

17. (a) Burial (b) Date thereof May 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Brook

18. (a) Signature of funeral director Cats & Speake

(b) Address Independence Mo

19. (a) May 24 1940 (b) L. R. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1111 No River, Indyp. Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
- year 1940 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 18, 1940 to May 23, 1940
that I last saw her alive on May 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Brain
Bleeding

Due to terminal pneumonia
Due to hypostatic

Other conditions. H²O
(Include pregnancy within 3 months of death)

Major findings: X
Of operations _____
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?
360 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Chas. R. ... (M. D. or other) _____
Address Independence Mo Date signed 5/24/40

Durations
?
2 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Roland R. Speaks
Licensed Embalmer No. 3604
P. O. Address Independence, 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.