No. 2
11-10-39
5-17-39
1 X2142

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25351

FILED AUG 16 1940

Registration District No. 398 Primary Registration District No. 3069 555 Registrar's No. 200

8

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

1. PLACE OF DEATH:

(a) County Jackson Mine Tr.

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

(c) Name of hospital or institution:
near Independence Mo. on #7 Hiway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 23 years
years, months or days)

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. 207 So. Pleasant
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Veta Lee Collier

3. (b) If veteran, name war ✓

3. (c) Social Security No. 487-05-0080

4. Sex Female

5. Color or race White

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 March (Month) 4 (Day) 1917 (Year)

8. AGE: Years 23 | Months 4 | Days 28 | If less than one day ..... hr. ..... min.

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

10. Usual occupation A & P Grocery Co.

11. Industry or business Checker at Store

FATHER
12. Name George A. Collier
13. Birthplace Columbia (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Lucy Shrank
15. Birthplace Atherton (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Lucy Shrank
(b) Address Atherton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/40 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cem.

18. (a) Signature of funeral director George C. Carson
(b) Address Independence Mo.

19. (a) Aug 3/40 (Date received local registrar) (b) F. D. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 P.
year 1940 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Deputy Coro to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushing Injury, Chest & Abd

Due to Automobile Turned Over

Due to Left Road on a Curve

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 21D
Of autopsy Abm

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) Accident
(b) Date of occurrence 8-2-40
(c) Where did injury occur? Jackson (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
360 Highway (Specify type of place)
While at work? (e) Means of injury Car turned over

23. Signature Russell W. Fox (M. D. or other) 5
Address [illegible] Date signed

C

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph E. Miller

Licensed Embalmer No. 4124

P. O. Address Indep., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.