

FILED OCT 18 1940

Registration District No. 606

Primary Registration District No. 6-807

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Franklin Joppol
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town P. O. Stark City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11
year 1940 hour 5 minute _____ M.
21. I hereby certify that I attended the deceased from Sept 9th
1940 to Sept 11, 1940
that I last saw her alive on Sept 9th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Diabetes Mellitus
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

Prob
years

Major findings:
Of operations _____
Of autopsy None

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO
(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?
_____ (Specify type of place)

While at work? _____ (a) Means of Injury 3
23. Signature Melvin C. Galloway (M. D. or other) D.O.
Address 541 RK Bldg. 7th Floor Date signed 7/4/40

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

3. (a) PRINT FULL NAME Virginia Jane Collender

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

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

6. (b) Name of husband or wife W. R. Collender 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: Feb 16 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 25 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name William Farley

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

14. Maiden name Martha Ann Mayhew

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

16. (a) Informant W. R. Collender

(b) Address Stark City, Mo.

17. (a) Burial (b) Date thereof Sept. 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deer Cemetery

18. (a) Signature of funeral director Funeral Home

(b) Address Cassville Mo

19. (a) Oct. 2-1940 (b) Ada Collings
(Date received local registrar) (Registrar's signature)

McCully

RECEIVED

Coroner's Office No. 61

District File Number 1040-2738

Date Filed OCT 15 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.....

Eugene Wood

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address. Cassville, 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.