DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39358

Registration District No. 609 — Primary Registration District No. 4363 — Registrar's No. 139

DEC 16 1940

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County NEWTON

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

(c) Name of hospital or institution: North Wall St. (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 8 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

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

(d) Street No. NORTH WALL (If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPH FLOYD COLLIER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband~~ or wife JESSIE COLLIER

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

7. Birth date of deceased FEBRUARY (Month) 23 (Day) 1889 (Year)

8. AGE: Years 51 | Months 8 | Days 28 | If less than one day ..... hr. ..... min.

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

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name UNKNOWN COLLIER
13. Birthplace UNKNOWN (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name UNKNOWN UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant's own signature Cecil Collier

(b) Address Neosho, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 23, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation INDIAN SPRINGS CEMETERY

18. (a) Signature of funeral director Corley Thompson

(b) Address Neosho Mo.

19. (a) 12-2-40 (Date received local registrar) (b) Onal A. Sale M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 20 year 1940 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 21, 1940, to Nov 21, 1940; that I last saw him alive on Feb 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration per minute

Due to Arteriosclerosis & Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) 94 Pd

Major findings: Of operations None

Of autopsy None

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? 543 (Specify type of place)

While at work? (e) Means of injury

23. Signature Melvin C. Bowman (M. D. or other)

Address Neosho, Mo. Date signed 12-2-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6;
District File Number 240-3011
Date Filed DEC 23 1949

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 Gail K Gay

Licensed Embalmer No. H155

P. O. Address Neosho, Mo.

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

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