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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42162
Do not use this space.

FILED JAN 25 1941

1. PLACE OF DEATH
(a) County Clark
(b) Township Sweet Home
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 192
Primary Registration District No. 5267
Registered No.

2. PRINT FULL NAME Elijah Colter
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~[illegible]~~ Frances Colter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14-1862
7. AGE: YEARS 78 | MONTHS | DAYS 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co, Mo.

FATHER
13. NAME Edward Colter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
15. MAIDEN NAME Margaret Bantam
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) May Vanfossin

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Peaksville Mo DATE Dec 10 1940

19. FUNERAL DIRECTOR (ADDRESS) G. W. Epperhart Revere Mo

20. FILED Dec 8, 1940 J. L. McConnell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1940.

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1940, to Dec 8, 1940
I last saw him alive on Nov 28, 1940 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

121

Name of operation Date of DN
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. L. McConnell, M. D.
(Address) Revere Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File No. 1-41-98
Date Filed JAN 3 1941

STATEMENT BY LICENSED EMBALMER

I, G. W. Epperhart, Licensed Embalmer No. 1802

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed G. W. Epperhart

Licensed Embalmer No. 1802

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.)

o. 2B
-21-40
X22539

ROWENA MOORE

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42162

Registration District No. 192 Primary Registration District No. 5267 Registrar's No.

1. PLACE OF DEATH:
(a) County Clark
(b) ~~City or town~~ Street Home T.P.
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clark
(c) City or town Revere Rural
(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.

3. (a) PRINT FULL NAME Eliyah Colter
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced wd
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 78 Months - Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Dec 9-40 (Date received local registrar) (b) J. L. McConnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature J. L. McConnell (M. D. or other)
Address Revere Mo Date signed

SUPPLEMENTARY

1940
S-4216.2