

REC'D MAR 14 1941 39  
Registration District No. 29

Primary Registration District No. 5200

State File No. \_\_\_\_\_

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Holt RFD Rural Hill  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Farm Home 5 Miles West Tana  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
In this community born here  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) County Carroll 17  
(b) City or town Holt RFD # 0  
(If outside city or town limits, write "RURAL")  
(c) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th  
year 1941 hour 8:30 minute ✓ M.  
21. I hereby certify that I attended the deceased from Feb 14  
to Feb 14, 1941;  
that I last saw him alive on Feb 14, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Influenza 2 da  
Due to lunged labor  
Due to Pneumonia  
Other conditions  
(Include pregnancy within 3 months of death)

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?  
1 2 7  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature R. Hammett (M.D. or officer)  
Address Carrollton Date signed Feb 15 41

3. (a) PRINT FULL NAME Teddie Roy Colliver

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 Child

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 28 - 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Tana, Missouri RFD #  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Roy F. Colliver  
13. Birthplace Carroll Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Esther Brown  
15. Birthplace Carroll County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Roy F. Colliver  
(b) Address Tana Missouri

17. (a) Burial (b) Date thereof 2/16/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coloma

18. (a) Signature of funeral director Clifford W. Austin  
(b) Address Tana Missouri

19. (a) Feb 16, 1941 (b) Mrs. R. A. Henderson  
(Date received local registrar) (Registrar's signature)

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

RECEIVED  
District Health Officer No. 8,  
3-6-41  
Number

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 \_\_\_\_\_

*Clifford W Austin*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Clifford W Austin*

Licensed Embalmer No. *3233*

P. O. Address *Tina, Missouri*

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.