

MAY 23 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19183

Registration District No. 831

Primary Registration District No. 4504

Registrar's No. 14

1. PLACE OF DEATH: *Shelby*  
 (a) County *Shelby*  
 (b) City or town *Shelbyville*  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: *1*  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community *50 years*  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State *Missouri* (b) County *Shelby* *102*  
 (c) City or town *Shelbyville* *0*  
(If outside city or town limits, write "RURAL") *0*  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? *0* years.

3. (a) PRINT FULL NAME *GEORGE WASHINGTON COLLIER*

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

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

6. (b) Name of husband or wife *Lenora Collier* 6. (c) Age of husband or wife if alive *63* years

7. Birth date of deceased *June 2 1872*  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<i>68</i>	<i>11</i>	<i>9</i>	<i>✓</i> hr. <i>✓</i> min.

9. Birthplace *Adams Co. Illinois*  
(City, town, or county) (State or foreign country)

10. Usual occupation *Janitor of Court House*

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

12. Name *Geo. Washington Collier*

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

14. Maiden name *Mary Quay*

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

16. (a) Informant *Lenora Collier*

(b) Address *Shelbyville, Mo.*

17. (a) *Burial* (b) Date thereof *May 13 1941*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *C. O. P. Cemetery*

18. (a) Signature of funeral director *E. P. Thompson*

(b) Address *Shelbyville, Mo.*

19. (a) *May 12 '41* (b) *Pearl Goe*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month *May* day *11* th  
 year *1941* hour *7* minute *20* A.M.

21. I hereby certify that I attended the deceased from *Apr 29* 1941, to *May 11* 1941;  
 that I last saw him alive on *May 11* 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death *Carcinoma of Stomach* ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
*7411*  
While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury: \_\_\_\_\_

23. Signature *P. C. Oraker* (M. D. or other) *P*

Address *Shelbyville Mo.* Date signed *5-12-41*

Duration \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 5-41-1007

Date Filed MAY 20 1941

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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.....

*E. P. Thompson*

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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, fact should be so stated above.