

2
-41
-39
K28390

FILLED OCT 16 1941 6

Registration District No. _____

Primary Registration District No. 6039

Registrar's No. 140

1. PLACE OF DEATH

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saline Co. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 74 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline?
(c) City or town Marshall Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Saline Co. Home
(If rural, give location)
(e) Citizen of foreign country? _____
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George 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 Widowed
6. (b) Name of husband or wife Gertrude Collier
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 18 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 14
If less than one day _____ hr. _____ min.

9. Birthplace 1 June
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Isaac Collier
13. Birthplace June
(City, town, or county) (State or foreign country)
14. Maiden name Marrett Brown
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Robt Collier
(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof Sept 4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Field Park Cem

18. (a) Signature of funeral director Campbell
(b) Address Marshall Mo.

19. (a) 9-4-41 (b) Dep.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1941 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug 1 1941 to Sept 2 1941
that I last saw him alive on Aug 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Temp. 100.0
Hypertension
Due to _____
Due to _____

Duration

7 m.
3

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? _____

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

23. Signature [Signature] (M. D. number) _____
Address Marshall, Mo. Date signed 9/4/41

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

712

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 10-14-41

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 Joe W. Rennie
Licensed Embalmer No. 1171
P. O. Address Marshall 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.