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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32699

Registration District No. 818 Primary Registration District No. 6067 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town CHARLESTON - R#2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD/#2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution [illegible] (Specify whether
In this community 18 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Scott 100
(c) City or town CHARLESTON - RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No 0 years.

3. (a) PRINT FULL NAME ELIZA COLLIFLOWER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN COLLIFLOWER

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

7. Birth date of deceased APRIL (Month) 11 (Day) 1870 (Year)

8. AGE: Years 71 Months 5 Days 20 If less than one day ..... hr. ..... min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name JOHN JOHNSON
13. Birthplace (City, town, or county) / ILLINOIS (State or foreign country)

MOTHER
14. Maiden name MARGARET DUFFIELD
15. Birthplace (City, town, or county) / ILLINOIS (State or foreign country)

16. (a) Informant GORDON COLLIFLOWER
(b) Address CHARLESTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-3-1941 (Month) (Day) (Year)
(c) Place: burial or cremation IOOF - CHARLESTON, MO

18. (a) Signature of funeral director John F. Nunnelee Jr.
(b) Address Charleston Mo

19. (a) 10/5/41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 1ST year 1941 hour 10:40 minute P M.

21. I hereby certify that I attended the deceased from Mar. 3, 1941, to OCT. 1, 1941; that I last saw her alive on OCT. 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiorenal vascular — Duration 8 months.

Due to

Due to 12/a

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 C. C. Presnell (M. D. or other) M.D.
Address Charleston - Mo Date signed 10-4-41

(Licensed Embalmer's Statement on Reverse Side)

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. E. Nuimeler

Licensed Embalmer No. 4164

P. O. Address Charleston, Mo.

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.)

If this body is not embalmed, fact should be so stated above.