

FILED NOV 6 1941
Registration District No. **135**

Primary Registration District No. **5201**

Registrar's No. **103**

1. PLACE OF DEATH:

(a) County **Carroll**
(b) City or town **Engene Spring**
(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 **80 yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Carroll 17**
(c) City or town **Sugar Tree Township**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Charlotte Collier**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **John Collier** 6. (c) Age of husband or wife if alive **X** years
7. Birth date of deceased **April 27 1854**
(Month) (Day) (Year)

8. AGE: Years **87** Months **5** Days **8** If less than one day hr. min.

9. Birthplace **Louisville Ky 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry Neal**
13. Birthplace **Ky 1**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Foster**
15. Birthplace **Ky 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **P. S. Collier**

(b) Address **Richmond, Mo.**

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

(c) Place: burial or cremation **Siblead Cemetery**

18. (a) Signature of funeral director **W. W. Marshall**

(b) Address **Carrollton, Mo.**

19. (a) **10/6-41** (b) **Keith Haskins**
(Date received local registrar) (Registrar's signature)

130 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** Day **10** year **1941** hour **4:20** minute **AM**

21. I hereby certify that I attended the deceased from **Sept 30 1941** to **Oct 4 1941** that I last saw him alive on **Oct 4** and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**

Due to **Age**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **162 B**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **R. F. Cook** (M. D. or other)

Address **Carrollton, Mo.** Date signed **10-5-41**

Duration

PHYSICIAN

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. 8,
District File Number
Date Filed 11-5-41

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 myself

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

R. M. Marshall

Licensed Embalmer No.

2525

P. O. Address.....

Carroll 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.