

**DECEASED** DEC 10 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
828 Sunset Drive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community 6 Weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 828 Sunset Drive  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dave Benton McCollum

3. (b) If veteran, name war  3. (c) Social Security No. none

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Margaret McCollum  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased. March 26 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 7 21 hr. min.

9. Birthplace Keytesville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

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

12. Name John M. Collum  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy McCollum (O-K Name)  
15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Low McCollum  
(b) Address 828 Sunset Drive, St. Joseph, Mo.

17. (a) Removal (b) Date thereof 11/18/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Madison, Missouri

18. (a) Signature of funeral director Statter Meierhoffer  
(b) Address 1302 Faraon St., St. Joseph, Mo.

19. (a) Nov. 18, 1941 (b) H. G. Neelbush  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17  
year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from 11-3-41  
to 11-17 1941  
that I last saw him alive on 11-3-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to arteriosclerosis  
senility  
Due to \_\_\_\_\_

Duration

20 days

Other conditions (Include pregnancy within 3 months of death) g3a

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 \_\_\_\_\_

23. Signature Irwin J. Roenthal (M. D. or other) M.D.  
Address Kirkpatrick Bldg. St. Joseph Date signed 11/18/41

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

**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 *Oliver Jester*.....

Licensed Embalmer No. *4154*.....

P. O. Address *St. Joseph, m*.....

**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.**