

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10723

State File No.

Registration District No. 305

Primary Registration District No. 5423

Registrar's No. 10

1. PLACE OF DEATH:

(a) County: GASCONADE  
(b) City or town: RURAL BRUSH CREEK  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: OAK HILL ROUTE 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 6 DAYS  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: ALLEN FRANKLIN COLLIER

3. (b) If veteran, ☒ 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: IDA COLLIER (NEE SPURGEON) 6. (c) Age of husband or wife if alive: 43 years  
7. Birth date of deceased: OCT. 26 1898  
(Month) (Day) (Year)

8. AGE: Years 43 Months 5 Days 5 If less than one day hr. min.

9. Birthplace: OAK HILL MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation: FARMING

11. Industry or business:

12. Name: RANDOLPH COLLIER  
13. Birthplace: OAK HILL MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name: MARTHA ANN NAUGLE  
15. Birthplace: OAK HILL MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant: Harrison Collin  
(b) Address: Oak Hill Mo.  
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 4-2-1942  
(Month) (Day) (Year)

(c) Place: burial or cremation: OAK HILL CEM.

18. (a) Signature of funeral director: W. F. Hattenstetter

(b) Address: Owensville Mo.

19. (a) Apr. 3, 1942 (b) Alice Koch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: ILLINOIS (b) County: 999  
(c) City or town: RAMSEY  
(If outside city or town limits, write "RURAL")  
(d) Street No.:  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: MARCH day: 30  
year: 1942 hour: minute: M.

21. I hereby certify that I attended the deceased from March 26 1942 to March 30 1942  
that I last saw him alive on March 30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: The Pneumonia  
Pallidus Weller

Due to:

Due to:

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: 0

23. Signature: Edw. Mellies (M. D. or other)  
Address: Owensville Mo. Date signed: 4-2-42

**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 Me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Milford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Quensville 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.**