

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10735

State File No. ....

Registrar's No. 38

Registration District No. 209

Primary Registration District No. 4188

1. PLACE OF DEATH: Gentry

(a) County.....  
(b) City or town..... King City, Mo.  
(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.....  
In this community..... 77 yrs.  
years, months or days

3. (a) PRINT FULL NAME Lydia May Collow.

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

4. Sex Female 5. Color or race Cau 6. (a) Single, widowed, married, divorced, widowed.  
6. (b) Name of husband or wife. James G. Collow 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased 11 23 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 3 27 hr. min.

9. Birthplace Union Co. Iowa.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business Same.

12. Name Aaron Barker.

13. Birthplace Unknown.  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy M. Marley.

15. Birthplace Unknown.  
(City, town, or county) (State or foreign country)

16. (a) Informant W. K. Collow.

(b) Address King City Mo.

17. (a) Burial (b) Date thereof 3.22.1942.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. York Cem. King City Mo.

18. (a) Signature of funeral director. R. S. Taggart

(b) Address King City Mo.

19. (a) March 22 - 1942 (b) Registrar's signature. H. M. Melst

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Gentry. 038  
(c) City or town. King City Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. March day. 20  
year. 1942. hour. 1 minute. 30. P. M.

21. I hereby certify that I attended the deceased from December 38 1942 to March 20 1942  
that I last saw him alive on March 19 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Sclerosis  
Duration

Due to.

Due to. 94a

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

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.

23. Signature. D. B. Blacklock (M. D. or other)

Address. King City Mo. Date signed. 3/22/42

(Registrar'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.....

*R. L. Taggart*

Licensed Embalmer No. 2563.

P. O. Address King City 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.**