

V. S. No. 2
DM-9-4-41
Rev. 5-17-39
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13629

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 20 1942

Registration District No.

Primary Registration District No. 1

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ellis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirksville
(If outside city or town limits, write "RURAL")

(d) Street No. 1011 E. Jefferson
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Hobart Minor McCollum

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 - day 22
year 1942 hour 4 PM minute..... M.

21. I hereby certify that I attended the deceased from 4-16-
1942 to 4-22- 1942

that I last saw him alive on 4-22- 1942
and that death occurred on the date and hour stated above.

4. Sex Male () 5. Color or race White

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

6. (b) Name of husband or wife..... Dorothy McCollum

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased November 26 1909
(Month) (Day) (Year)

Immediate cause of death Endocarditis

Duration.....

8. AGE: Years Months Days If less than one day

33 4 29 hr. min.

Due to.....

Due to.....

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

9. Birthplace So. Gifford Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Auditor

11. Industry or business Utilities- Light

MOTHER FATHER

12. Name Henry McCollum

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

14. Maiden name Anna Minor

15. Birthplace Linn Co. Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Loren McCollum

(b) Address Trenton, Mo.

17. (a) Burial (b) Date thereof 4/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

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?

18. (a) Signature of funeral director Hobart Minor McCollum
(City or town) (State)

(b) Address Kirksville, Mo.

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature R R Ellis (M. D. or other)
Address Kirksville Mo Date signed 4-24

19. (a) April 30, 1942 Mrs. L. Wagner
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

103

H P

1047

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RECEIVED

District Health Officer No. 10

District File Number 5-42-1124

Date Filed MAY 19 1942

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Pikeville 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.