V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13830

Registration District No. 1 | Primary Registration District No. 1 | Registrar's No. 129

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

1 3 3

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: 917 E. Normal 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Adair 1
(c) City or town: Kirksville 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 917 E. Normal 3
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Milo Rosse McCollum

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

3. (c) Social Security No. 490-10-7032

4. Sex: M

5. Color or race: White

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

6. (b) Name of husband or wife: Helen McCollum

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: Dec. (Month) 22 (Day) 1887 (Year)

8. AGE: Years 54 | Months 4 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace: North Salem (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Osteopath Doctor

11. Industry or business .....

FATHER
12. Name: Robert J. McCollum
13. Birthplace: 0 (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Minnie McCollum
15. Birthplace: 0 (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Virginia McCollum
(b) Address: Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hills

18. (a) Signature of funeral director: Dee Riley
(b) Address: Kirksville, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25 year 1942 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from 4/18, 1942, to 4/25, 1942 that I last saw h. alive on 4/25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage (left internal Capsule)	1 week
Due to Essential Hypertension	
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 .....

23. Signature: H. M. Cline (M. D. or other) DO
Address: Jacksonville, Mo. Date signed 4/26/42

(Licensed Embalmer's Statement on Reverse Side)

MAY 26 1942

SEP 1 6 1942

RECEIVED
District Health Officer No. 10
District File Number 5-42-1145
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 D E Riley

Licensed Embalmer No. 4181

P. O. Address D E Riley

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.