

13998

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 13 1942

Registration District No. 164

Primary Registration District No. 4096 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Cedar Benton Twsp.

(b) City or town Jerico Springs, Mo.

(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 _____ (Specify whether _____)

In this community Many Years. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Jerico Springs, 0

(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Anna Eliza McCollum

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Husband 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 15 1863

(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace: Kansas (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name J. C. Baldwin.

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

MOTHER FATHER { 14. Maiden name Francis Jackson

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

16. (a) Informant's own signature A. A. McCollum

(b) Address Jerico Springs, Mo.

17. (a) Burial (b) Date thereof Apr. 12, 42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gunn Springs Cem.

18. (a) Signature of funeral director J. W. Ward.

(b) Address Greenfield, Mo.

19. (a) Apr. 12 1942 (b) J. P. Schorr

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10, year 1942. hour 7 minute _____ P.M.

21. I hereby certify that I attended the deceased from 4-1-42 to 4-10-42, 1942

that I last saw h. _____ alive on _____, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration _____

Due to Sensitivity to lung

Due to Chronic tuberculosis

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

Major findings: Of operations _____

Of autopsy no 138

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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature B. B. Banister (M. D. or other) T

Address Jerico Springs, Mo. Date signed 4-12-42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50105-1-39 Rev. 5-17-39 1 X10811

RECEIVED

District Health Officer No. 7,

District File Number 5-42-484

Date Filed 5-8-42

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.....

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

Signed J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield, 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, above space should be left blank.