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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1942

Registration District No. 243

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17844

Primary Registration District No. 3343

Registrar's No. 4

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Rural Wilson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 Dallas
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Long Lane Mo
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Sophia McCollough
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife C. E. McCollough
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 3 (Month) 19 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
81	2		hr. min.

9. Birthplace Sweden 4 (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace " 9 (City, town, or county) (State or foreign country)
14. Maiden name "
15. Birthplace " 9 (City, town, or county) (State or foreign country)
16. (a) Informant C. E. McCollough
(b) Address Long Lane Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn
18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo.
19. 5-29-1942 (Date received local registrar) (b) Mrs Arthur Hoover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 19 year 1942 hour 6 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 1 1942 to May 6 1942 that I last saw her alive on May 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Cardio-Renal Disease	10 yrs
Due to ~~Bronchial Asthma~~	~~50 yrs~~
Due to	
Other conditions (Include pregnancy within 3 months of death) Bronchial Asthma	50 yrs

Major findings:
Of operations 13a
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? (Specify type of place)
While at work (e) Means of injury 0
23. Signature G B Plummer (M. D. or other) M.D.
Address Buffalo Mo Date signed 5-29-42

112 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-42-366
Date Filed 6-8-42.

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 Lloyd Montgomery

Licensed Embalmer No. 3582

P. O. Address Buffalo, 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.