

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
744 W. Lincoln /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 50 years
years, months or days)

3. (a) PRINT FULL NAME James Edward McCollum

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Nannie McCollum
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased January 21, 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 8
If less than one day _____ hr. _____ min.

9. Birthplace Louisburg, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Conductor

11. Industry or business Railroad

12. Name Ephram A. McCollum

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

14. Maiden name Martha Jones

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

16. (a) Informant Edward V. McCollum

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof July 1, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 6-30-42 (b) W. E. Standley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield,
(If outside city or town limits, write "RURAL")
(d) Street No. 744 W. Lincoln
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29,
year 1942 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from May 13
1942 to June 29 1942
that I last saw him alive on June 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Cerebral Hemorrhage Duration _____

Due to High blood pressure

Due to _____
Other conditions 830
(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 _____
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 _____
23. Signature W. E. Jones (M.D. or other) W. E.
Address 955 - So. Fort Date signed 6-29-42

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

9
2
6

484

[Handwritten scribbles and marks]

JUL 11 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 Wayne Hinkle
Licensed Embalmer No. 3444
P. O. Address Springfield 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.

X