

FILED JUL 20 1942
384

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

21331

Registration District No.

Primary Registration District No. 5544

Registrar's No.

#1

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Rural - South Fork, Twp.
(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 20 years
In this community 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Rural
(d) Street No. Lebo Rt., West Plains, Mo.
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Emogene Collier

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

4. Sex Fem 5. Color or race white 6. (a) Single, widowed, married, divorced. Single

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

7. Birth date of deceased. march 29 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Adams Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation School teacher

11. Industry or business

MOTHER FATHER { 12. Name Wm
13. Birthplace Wm
14. Maiden name Wm
15. Birthplace Wm

16. (a) Informant Mrs Legia Collier

(b) Address West Plains, Mo

17. (a) (b) Date of death Jan 15 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Studet Cemetery

18. (a) Signature of funeral director. None

(b) Address None

19. (a) Jan 16 - 42 (b) Wm
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1942 hour 6 am minute. M.

21. I hereby certify that I attended the deceased from 1930 to January 14 1942
that I last saw her alive on October 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

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

Major findings: Of operations 932
Of autopsy

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?
(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 Wm (Physician or other)
Address West Plains, Mo Date signed 1-14-42

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

16
0
0

1125

S. B. BEECHER, M. D.
Special Agent, Bureau of the Census
SALEM, MISSOURI

RECEIVED
District Health Officer No. 5
District File Number 4423
Date Filed 7-17-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.