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

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Rural - South Fork Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lebo Rt., West Plains, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell ¹¹⁶
(c) City or town Rural (If outside city or town limits, write "RURAL") ⁰
(d) Street No. Lebo Rt., West Plains, Mo. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) ⁰
If yes, name country _____

3. (a) PRINT FULL NAME Oscar L. Collier

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

4. Sex Male ⁰ 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leora Stuart Collier 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Feb 18 1888
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 21 If less than one day
hr. _____ min. _____

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

10. Usual occupation Retired farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Will
13. Birthplace Will ⁹
(City, town, or county) (State or foreign country)
14. Maiden name Will
15. Birthplace Will ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leora Collier
(b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof Jan. 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stuart Cemetery

18. (a) Signature of funeral director None

(b) Address _____
19. (a) Jan 16 - 42 (b) Laird Bailey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1935, 19____ to January 9, 1942
that I last saw him alive on July, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 5 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

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 [Signature] (Date or other) _____
Address West Plains, Mo. Date signed 1-10-42

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

RECEIVED
District Health Officer No. 5,
District File Number 44233-6
Date Filed

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.