

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.....

Registration District No. 169

Primary Registration District No. 4098

Registrar's No.....

1. PLACE OF DEATH:

(a) County CHARITON

(b) City or town BRUNSWICK  
(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  
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHARITON <sup>21</sup>

(c) City or town BRUNSWICK "RURAL" <sup>9</sup>  
(If outside city or town limits, write "RURAL") <sup>9</sup>

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

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... <sup>1</sup>

3. (a) PRINT FULL NAME MARTHA ELIZABETH COLLET

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 5TH.  
year 1942 hour 9 minute 30 A.M.

4. Sex FEMALE / 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife E. H. COLLET

6. (c) Age of husband or wife if alive 9TH. years 1865 (Year)

7. Birth date of deceased. FEBRUARY (Month) 9TH. (Day) 1865 (Year)

21. I hereby certify that I attended the deceased from 6-28-42 to 7-2-42, 19....., and that death occurred on the date and hour stated above.

that I last saw her alive on 7-2-42, 19.....

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>26</u>	hr. min.

Immediate cause of death Chronic Myocardial Degeneration

Due to unknown

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

Due to.....

Other conditions cardiac asthma  
(Include pregnancy within 3 months of death)

10. Usual occupation AT HOME

Major findings:  
Of operations..... 930

Of autopsy.....

11. Industry or business HOUSEWORK

MOTHER FATHER { 12. Name WM. POSTER

{ 13. Birthplace ILLINOIS / (City, town, or county) (State or foreign country)

{ 14. Maiden name NANCY MURRAY ILLINOIS / (City, town, or county) (State or foreign country)

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. RAYMOND BIXBY

(b) Address BRUNSWICK, MISSOURI

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?.....

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7--7--1942  
(Month) (Day) (Year)

(c) Place: burial or cremation BRUNSWICK? MISSOURI

18. (a) Signature of funeral director [Signature]

(b) Address BRUNSWICK, MISSOURI

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature [Signature] (M. D. or other) [Signature]

Address Keokuk, Mo Date signed 7-7-42

19. (a) July 7, 1942 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

District File-Number .....

Date Filed 8-11-42

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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 L. W. Macmillan

Licensed Embalmer No. 883

P. O. Address Brunswick 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.