

FILED AUG 5 1942 290

Registration District No.

Primary Registration District No.

5987

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural
(c) Name of hospital or institution: Near Dixon
(d) Length of stay: In hospital or institution.....
In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Rural
(d) Street No. Near Dixon
(e) Citizen of foreign country?.....

3. (a) PRINT FULL NAME Louella Collier

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased May 26, 1867

8. AGE: Years 75 Months 2 Days 2 If less than one day..... hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Henry Collier

(b) Address Dixon, Mo.

17. (a) Burial (b) Date thereof 7/30/42

(c) Place: burial or cremation Sheppard

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Mo.

19. (a) July 31-1942 (b) Chas McDoel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1942 hour..... minute 7 A. M.

21. I hereby certify that I attended the deceased from 1938 to July 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis et Mitral Regurgitation and Stenosis

Other conditions High Blood Pressure

Major findings: Of operations 926 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?.....

23. Signature Dr. K.W. Miceigen Address Dixon Date signed 7-30-42

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

85
0
0

85
0
0

MOTHER FATHER

1170

RECEIVED

Pulaski County Health Officer

File Number 2-42-117

Date Filed 2-31-42

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.....

July 28, 1942....., Registered Apprentice No.....
working under my personal supervision.

Signed Fred B. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.