V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1942

Registration District No. 5929

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~4100~~ 5229

33460

State File No.

Registrar's No. 148

1. PLACE OF DEATH: Case Polk. township

(a) County

(b) City or town Strasburg Mo.
(If outside city or town limits, write "RURAL" and name of township)

(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 (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Case

(c) City or town Strasburg. Mo.
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME Gabriella Colline

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 widowed

6. (b) Name of husband or wife Dr. R. W. Collins

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Feb. (Month) 11 (Day) 1844 (Year)

8. AGE: Years 98 | Months 8 | Days 11 | If less than one day hr. min.

9. Birthplace Pleasant Hill. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Jessie Rowland Ky. /
13. Birthplace Ky.
(City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Rebecca Blackburn /
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs essie Collins
(b) Address Strasburg. Mo.

17. (a) Bural (Burial, cremation, or removal) (b) Date thereof 10/22/42 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo.

18. (a) Signature of funeral director A. W. Crowfield
(b) Address Pleasant Hill, Mo.

19. (a) Oct. 26/42 (Date received local registrar) (b) Margaret Tolle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21. 65 year 1942 hour 1 minute 55 A.M.

21. I hereby certify that I attended the deceased from Oct 4 1942, to Oct 21 1942, that I last saw her alive on Oct 20 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Influenza	17 days
Due to	
Due to	
Other conditions (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
(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 W B Beckman (M. D. or other) M.D
Address Strasburg Mo Date signed 10/22/42

104-7 (Licensed Embalmer's Statement on Reverse Side)

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

By me Oct. 21 - 1942, Registered Apprentice No.

working under my personal supervision.

Signed Aw Brown Jull

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill - 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, above space should be left blank.