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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3159

State File No.

Registration District No. 281

Primary Registration District No. 5968

Registrar's No.

1. PLACE OF DEATH:

(a) County polk

(b) City or town Halfway - rural - N Benton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
none /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 51 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County polk 84 0

(c) City or town Halfway - rural - N. Benton
(If outside city or town limits, write "RURAL")

(d) Street No. north + west of Halfway
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Clinton Edgar McColm

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Alice McColm

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb (Month) 22 (Day) 1891 (Year)

8. AGE: Years 51 Months 9 Days 5 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name phillip McColm
13. Birthplace Unknown (City, town, or county) Ills / (State or foreign country)

MOTHER
14. Maiden name Mary clark
15. Birthplace Unknown (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant Alice McColm

(b) Address Halfway Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Goff Cemetery

18. (a) Signature of funeral director Oby Jester & Hutcheson & Co

(b) Address Bolivar Mo.

19. (a) 12/15/42 (Date received local registrar) (b) R. E. Wettfall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27 year 1942 hour 3 minute p. M.

21. I hereby certify that I attended the deceased from Nov 10, 19 to Nov 27, 1942 that I last saw him alive on Nov 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death acute heart failure

Due to chronic myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Doyle C McCrum (M. D. ~~or other~~)

Address Bolivar Mo Date signed

1236

(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1948

RECEIVED
District Health Officer No. 7
District File Number 12-42-458
Date Filed 1-14-48

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 Oby J Estes

Licensed Embalmer No. 4154

P. O. Address Bolivar Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.